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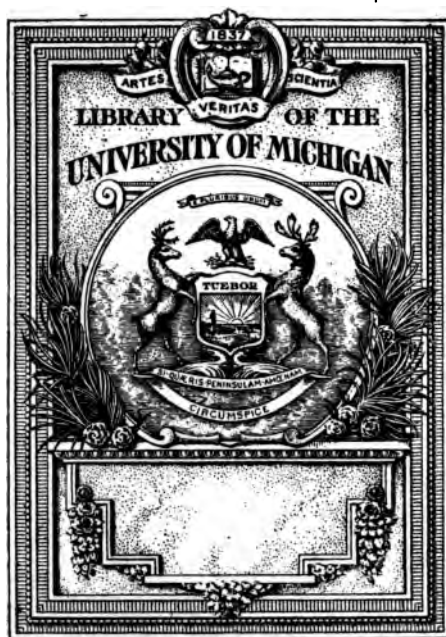
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BUREAU FOR SOCIAL RESEARCH  
SEYBERT INSTITUTION  
PHILADELPHIA

The Functional Relations  
OF  
Fifteen Case Working Agencies  
As shown by a study of 421 individual families  
AND  
The Report of the Philadelphia  
Intake Committee

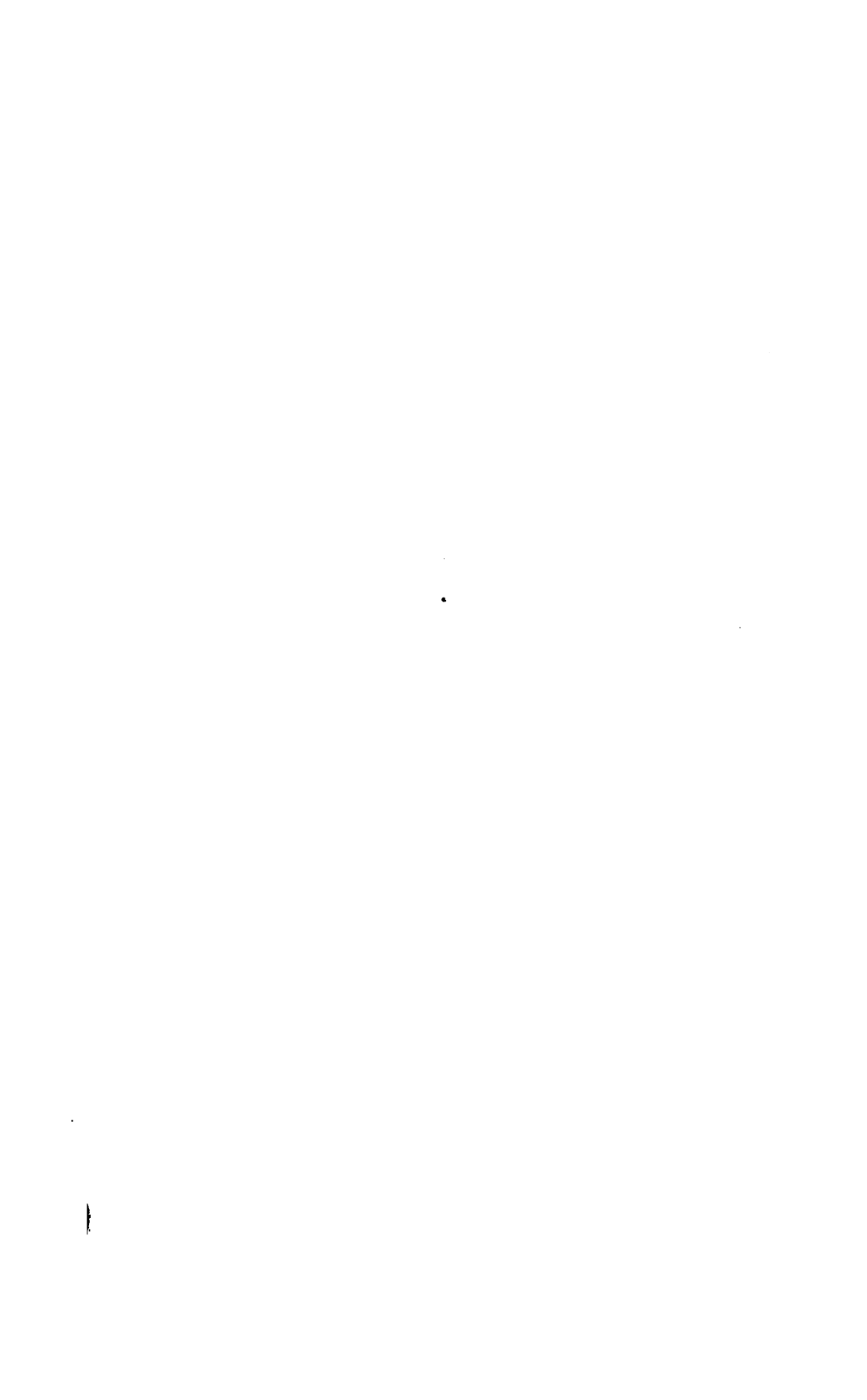
By  
HELEN C. WALLERSTEIN  
DIRECTOR  
Bureau for Social Research

1919



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**I** WANT to take this opportunity to thank the members of the Intake Committee for their splendid spirit of co-operation and their untiring interest in the study. My special thanks are due to those members of the committee who have gone over the report, making many helpful criticisms and suggestions.

H. C. W.

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## INTRODUCTION.

LATE in the fall of 1917, the Bureau for Social Research of Seybert Institution was approached with reference to making a study which would help define, or rather re-define the field of work of the various social agencies in Philadelphia, both general and specialized. Many new agencies had grown up within the last ten years. The whole hospital social service movement was practically new within that time, and the social work of the Municipal Court had come into being. There was much uncertainty and some confusion with respect to the functions of the different agencies. This was evidenced by the fact that all the case working agencies were having referred or transferred <sup>1</sup> to them, many cases which were not in need of their services and which were closed in a short time after application was made.

The initial idea was to make a study of the cases received by the Society for Organizing Charity from other social agencies but which the Society for Organizing Charity had not actually taken under care.<sup>2</sup> It soon became apparent, however, that the problem was one affecting all agencies and that in order to get a thorough understanding of it and to reach any true conclusions, it would be necessary to study the cases referred or transferred by all representative case working agencies to one another. Furthermore, it became apparent that the study should not be limited to the cases becoming "not under care," but must include also the "under care" cases, if any real understanding of the problem of refer or transfer was to be had; and that the study should be made, not from the point of any one agency, but by the Bureau for Social

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<sup>1</sup> Referred and transferred as used in this study have distinctive meanings. A referred case is a case in which an agency calls in another agency, the first agency not relinquishing its interest, or only partly relinquishing it. A transferred case is a case turned over by one agency to another, the first agency dropping out.

<sup>2</sup> A "not under care case" as used in this study, means a case in which the service of the agency was so brief or of such a slight nature as to entail no thorough case work in the form of investigation or treatment and usually only a superficial contact.

Research as an outside, neutral agency, which had always given emphasis to the study of case records.

It was, therefore, decided that a committee representing various case working agencies be formed under whose auspices the study would be made, to which committee the Bureau for Social Research might turn for advice.

Work on the study was begun January 15, 1918, and the actual reading of the records about a month later. It soon became evident that many of the problems brought out were impossible of solution by mere study of the two or three records involved; that the field of work of the various agencies was even less clearly defined than had been supposed; and that the question of function in the individual case was far from a simple matter to determine.

The original consulting committee was then transformed into a study group, before which were to be brought up cases that would be typical of the problems found in any group studied, and the decisions on which might be taken as applying in general to a whole class of cases. The first formal meeting of this committee, then known as the Committee on Referred and Transferred Cases, but later called the Intake Committee, was held March 8, 1918, and regularly every other week thereafter until May, when weekly meetings began. The original committee of seven was gradually enlarged. The cases brought up were closed cases presenting particular problems of refer, transfer or function, chosen as typical from out the many cases read. It was not until June that a current case was discussed; but from that time on it became the habit of members of the committee to bring up current cases involving questions of relationship between agencies. The study of case records was completed in August. There being so much demand for the discussion of current cases and problems and the discussion being of such practical help, the Intake Committee decided to continue its work in the fall. The meetings were, therefore, resumed and have been held regularly ever since. The committee has been gradually enlarged until there are now thirty members, representing not only the original agencies, but a large proportion of the case working agencies in the city, including the Municipal Court, the Society to Protect Children from Cruelty, the Home Service Sec-

tion of the Red Cross, additional hospital social service departments, the Travelers' Aid Society and others. The present work of this committee will be discussed under the section on the Intake Committee.

In this report, the Bureau's study of records and the work of the committee will be considered under two separate divisions. Their close connection must be remembered, however, and the fact again emphasized that each of the individual cases discussed under the Intake Committee division was selected from the general run of cases as typifying a certain problem. These cases will, in fact, be referred to frequently in the discussion of the study of referred and transferred cases.



# PART I.

## THE STUDY OF REFERRED AND TRANSFERRED CASES.

### CHAPTER I.

#### METHOD.

##### 1. Method of Study.

The first point in making the study of referred and transferred cases was to decide on a method of selection. It would, of course, be impossible to study every transferred or referred case which came to any one agency, as it would likewise be impossible to study the records of all the thirty-two hospital social service departments then in existence. It was first necessary, then, to determine which cases to choose from those of an agency receiving many, and to decide on the hospital social service departments that might be supposed to represent the whole group. The Society for Organizing Charity was the only agency keeping regular statistical cards from which the source of application could be obtained. These cards were of two kinds: the one representing the cases not taken under care by the Society for Organizing Charity, the other representing the cases taken under care by them. A brief study of these cards was made to learn, not only the relative number of cases becoming under care and not under care, but the number and proportion of cases in both groups received from other social agencies.

**TABLE I.**

**Showing Source of Application in Cases Received by the Society for Organizing Charity.**

Source of Application	Under care	Not under care	Total	Percentage of Total
Sources other than Social Agencies	1423	1363	2786	65.25
Local Social Agencies	874	610	1484	34.75
Total	2297	1973	4270	100
Percentage of Total	53.79	46.21	100	



**TABLE II.**  
**Showing Agencies from which Society for Organizing Charity**  
**Received Cases.**

	Under care	Not Under care	Total	Percentage of Total
Pennsylvania Hospital Social Service				
Dept. ....	34	14	48	
Children's Hospital Social Service				
Dept. ....	22	18	40	
Hahnemann Hospital Social Service				
Dept. ....	22	14	36	
Jefferson Hospital Social Service				
Dept. ....	24	12	36	
University Hospital Social Service				
Dept. ....	18	18	36	
Phipps Institute Social Service Dept.	17	8	25	
Philadelphia Gen'l Hospital Social Service Dept. ....	14	11	25	
St. Christopher's Hospital Social Service Dept. ....	17	5	22	
Episcopal Hospital Social Service				
Dept. ....	14	6	20	
Presbyterian Hospital Social Service				
Dept. ....	15	5	20	
Polyclinic Hospital Social Service				
Dept. ....	2	2	4	
All other Social Service Depts. ....	40	31	71	
<hr/>				
Total from Hospital Social Service Depts. ....	239	144	383	25.81
Relief Giving Agencies * ....	114	102	216	14.56
Bureau of Compulsory Education...	70	77	147	9.90
Municipal Court ....	110	34	144	9.70
Dept. of Child Hygiene, Dept. Public Health and Charities ....	68	28	96	6.47
Visiting Nurse Society ....	27	27	54	3.64
Society to Protect Children from Cruelty ....	25	22	47	3.17
State Tuberculosis Dispensary ....	24	11	35	2.36
Other Dispensaries ....	17	8	25	1.68
Children's Bureau ....	22	10	32	2.16
The Travelers' Aid ....	9	6	15	1.01
The Girls' Aid ....	7	7	14	.94
All other non-relief agencies ....	142	134	276	18.60
<hr/>				
Grand Total ....	874	610	1484	100.00

\*City Mission, Home Missionary Society, Union Benevolent Association, Mothers' Assistance Fund, Poor Boards.

Tables I and II show the result of the analysis made of these cards. Of the 4270 cards, 1973 or 46.21% were cases not taken under care by the Society for Organizing Charity and 2297 or 53.79% became under care. Of the total 4270 cases, 1484 or 34.75% came from local social agencies. Three hundred and eighty-three of these cases came from hospital social service departments; 210 came from medical agencies, such as the State Tuberculosis Dispensary, Child Hygiene Division of the Department of Public Health and Charities, Visiting Nurse Society, etc.; 216 came from relief giving agencies and 79 from children's agencies. This analysis, giving as it did a picture of sources, led at once to a basis of selection. It was possible to choose the six hospitals referring and transferring the largest number of cases. The Visiting Nurse Society and the Bureau of Compulsory Education were included because of their frequent use of the Society for Organizing Charity and selection of the other agencies was on the basis of their being case working agencies. The relief agencies were excluded because it was known that cases coming from them were transferred either because of previous registration by the Society for Organizing Charity<sup>1</sup> or because of the agency's inability to handle, as in the case of the Mothers' Assistance Fund.<sup>2</sup> This analysis having been made the obvious next step was to study the Society for Organizing Charities' records of the cases referred or transferred to them. This was followed by a study of cases referred or transferred to the Children's Bureau, the Society to Protect Children from Cruelty, the Girls' Aid and two hospital social service departments. More hospitals were not included here because it was found that the cases referred or transferred to the hospitals by other agencies were usually for simple medical care and did not involve the complex questions of treatment and function which were found in the cases referred or transferred by them to other agencies.

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<sup>1</sup> This is a purely local condition. There is an agreement between all the relief agencies that a case registered by one shall not be taken up by another.

<sup>2</sup> Funds appropriated by the legislature are inadequate to meet the known needs.

The method of study was to secure first the record of the agency receiving the case and then that of the agency referring or transferring it. If there were other agencies at a later time, the additional records were secured. Thus one case sometimes involved as many as five agencies. The several records of a case were not studied separately but read in combination and usually no analysis was made until all the records had first been read through. In a transferred case, the work of the first agency stopped when the second agency took it up, but in a referred case, the two agencies frequently, although not always, worked simultaneously. The result of this simultaneous treatment was studied by reading the records side by side. This method disclosed many things which could never have been obtained from the reading of one record, or even the separate reading of the two records. It was curious to note how often a record which, read separately, seemed to show good case work on the part of the agency, when taken in combination with the second record, disclosed mere duplication or actual bad results. These points will, however, be brought out in the discussion of the cases and are merely mentioned here as throwing light upon the method used.

## **2. Method of Presentation.**

An examination of the schedule will show the method used in studying the records.

The 421 cases studied will be divided into groups according to the agency to whom the case was referred or transferred and these will be sub-divided according to the agency referring or transferring. These latter groups will then be discussed separately according to the following general outline:

1. The kind of problem as a whole; that is, what was the problem in the family, individual, or both, which brought it to the attention of a social agency?
2. The work of the referring or transferring agency before the refer or transfer.

# FORM I. REFERRED CASE.

Summary ..... Case Numbers of I. and II .....  
 1. Agency Referring ..... Coder: W. B. .... S.O.C. .... Ho. .... B.C.E. ....  
 II. Agency Receiving ..... S.P.C.C. .... Ho. .... G.A. ....  
 C.B. .... V.N.S. .... T.A. ....

## SECTION A.

Family	Unit designated by		Age	Relationship	Marital Condition	Place of Birth	Race	Occupation	Mental and Physical Defects
	I.	II.							
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

## GENERAL FACTS ABOUT FAMILY.

1. Standard of Family as a whole .....
2. Kind of Problem presented by Family as a whole (not that of unit dealt with by individual Agency) .....

## SCHEDULE USED IN STUDY.

(The schedule is in the form of a folder: Page 1 is the outside, pages 2 and 3, shown on succeeding pages, inside of folder. Schedule of transferred cases was printed on yellow paper and omitted question 7 e, on page 2 and questions 3, 4 and 5 section D, page 3.)

**SECTION B. AGENCY I.**

**DEALINGS WITH CASE BEFORE THIS APPLICATION.**

1. Length of time known..... 2. Unit dealt with.....
3. Amount of information: (a) Sources consulted.....
- (b) Available sources not consulted.....
4. Treatment (Give summary and specify amount and kind of relief).....

**THIS APPLICATION PREVIOUS TO REFERRING**

1. Source..... 2. Type of Case. (a) Under care..... (b). Not under Care..... 3. Unit dealt with.....
4. Kind of problem (from point of view of I.).....
5. Type of investigation: (a) with what purpose made.....
- (b) Sources consulted (name).....
- (c) Were there other available sources (name).....
- (d) Did I consider investigation completed.....
6. Other agencies interested (exclude II.): (a) Names.....
- (b) In what unit was each interested.....
- (c) Treatment of each (give summary and specify amount and kind of relief).....
7. Treatment: (a) Investigation only..... (b) Interview only..... (c) Medical.....
- (d) Legal Aid..... (e) Employment.....
- (f) Institutional..... (g) All other social (specify).....
- (h) Relief (give amount and kind).....
- (i) Length of service from this app. to referring (dates).....
- (j) Was case referred or transferred simultaneous with other agency (Name).....
- Why referred: (a) Dealings of Agency II with case before this referring 1. Length of time known.....
2. Unit dealt with..... 3. Amount of information: (a) Sources consulted.....
- (b) Available sources not consulted.....
4. Treatment (give summary and specify amount and kind of relief).....
- (b) Reason given for referring.....
- (c) Underlying reason.....
- (d) Unit referred..... (e) Was I still main agency interested.....

## SECTION C. AGENCY II.

### DEALINGS AFTER CASE IS RECEIVED.

1. Type of case: (a) under care.....(b) not under care.....(c) If not under care, reason.....
2. Unit dealt with.....3. Why did II accept case.....
4. Kind of problem (from point of view of II).....
5. Type of investigation: (a) was investigation of I up to date.....(c) Of what nature.....
  - (b) Did I furnish II with history.....
  - (d) Were sources consulted by I re-consulted by II (name).....
  - (e) In either case why.....
  - (f) Were additional sources consulted (name).....
  - (g) In either case why.....
  - (h) With what purpose was II's investigation made.....
  - (i) Did investigation of II prove worth while (answer only if I made same investigation).....
  - (j) Reason for answer.....
6. Treatment: (a) Investigation only.....(b) Interview only.....(c) Medical.....
  - (d) Legal Aid.....
  - (e) Employment.....
  - (f) Institutional.....
  - (g) All other social (specify).....
  - (h) Relief (give amount and kind).....
  - (i) Length of service of II (dates).....
  - (j) Did II transfer or refer case.....
  - (k) To what agency or agencies.....

## SECTION D.

### RESULTS OF REFERRING.

1. Did case definitely gain by being referred.....(a) How.....
2. Did case definitely lose by being referred.....(a) How.....
3. Where Agency I's further dealings facilitated by referring.....
  - (a) In what way.....
4. Where Agency I's further dealings hampered by referring.....
  - (a) In what way.....
5. Additional Remarks.....



- a. Investigation.<sup>1</sup>
  - b. Treatment.<sup>1</sup>
  - c. Reason for refer or transfer.
3. Relation of the receiving agency to the case after the refer or transfer.
    - a. Whether under care or not under care.
    - b. Investigation.
    - c. Treatment.
  4. The result from the point of view of the case; did the case gain or lose?

This will be followed by a summing up of certain points which have been brought out as affecting all the agencies studied in their relationship to each other.

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<sup>1</sup>The words investigation and treatment are used in a broad sense. The cases were judged by no set rules. In judging the amount of investigation and kind of treatment, each individual case was weighed and the function of the agency taken into consideration.



## CHAPTER II.

### CASES REFERRED OR TRANSFERRED TO THE SOCIETY FOR ORGANIZING CHARITY.

The study includes altogether 215 cases received by the Society for Organizing Charity from other agencies, 149 of which were referred and 66 transferred cases. These 215 cases were received from fourteen different agencies as shown by the following table:

**TABLE III.**

Eight Hospital Social Service Departments .....	121
The Visiting Nurse Society .....	18
The Travelers' Aid Society .....	8
The Girls' Aid .....	3
The Children's Bureau .....	20
The Bureau of Compulsory Education .....	24
The Society to Protect Children from Cruelty .....	21
<hr/>	
Total .....	215

According to the plan outlined each of the groups will be discussed separately.

#### I. CASES REFERRED OR TRANSFERRED BY THE HOSPITAL SOCIAL SERVICE DEPARTMENTS TO THE SOCIETY FOR ORGANIZING CHARITY.

##### 1. The Kind of Problem.

As shown in Table III, 121 cases were studied, received by the Society for Organizing Charity from eight hospital social service departments, 95 of which were referred and 26 transferred cases. These can be divided into five main groups in accordance with the kind of problem that was involved:

- a. Long drawn out medical problems affecting the head of the family.
- b. Temporary medical problems affecting the head of the family.
- c. Medical problems, permanent or temporary, affecting an individual, not the head of the family.

- d. Immediate death or permanent disability (causing permanent institutional care) of father of the family.
- e. General social problems complicated by individual health problem.

In addition to these five main headings there were three cases involving illegitimacy.

**a. Long Drawn Out Medical Problems Affecting the Head of the Family.**

There were 29 cases that might be called long drawn out medical problems received by the Society for Organizing Charity from hospital social service departments. Under this heading are included such problems as father of the family suffering from tuberculosis, widowed or deserted mother suffering from tuberculosis, and other long drawn out or chronic illness of the head of the family. It must not be supposed, however, that illness alone was the problem in many of these cases. Frequently illness of the head of the family was complicated by sickness and character problems in other members of the family. In fact, there were only five cases in which illness alone was the problem, and 14 cases where the illness was complicated by non-medical problems in the family, such as drink, old age, immorality, general adjustment, death, and so forth.

The hospitals themselves differed greatly, both in their conceptions of the problems and their treatment of these cases. In 12 of the 29 cases, the social service departments' conception of the problem was identical with that of the Society for Organizing Charity; that is, they understood not only the medical need, but took into consideration the general family situation as well. In the remaining 17 cases, the interest of the hospital did not go beyond the medical problems affecting the family or an individual or individuals therein.

**b. Temporary Medical Problems Affecting the Head of the Family.**

Twenty-six cases were studied in which the main problem was a temporary medical problem. The illness in these cases

included certain surgical operations, fractures, typhoid fever, pneumonia. As in the case of the long drawn out medical problems, the illness alone did not always cause the social need, although it was less frequently complicated by other causes than were the long drawn out medical problems, as might be expected. There were 10 cases complicated by non-medical problems. The hospital's conception of the problem was identical with that of the Society for Organizing Charity in 10 of these 26 cases.

**c. Medical Problems, Permanent or Temporary, in an Individual Not the Head of the Family.**

This heading embraced 22 cases including both long drawn out and serious illness, such as a tubercular mother or child, mother with heart trouble and so forth. In half of these cases, there were non-medical social problems present; in several the problem of a feeble-minded child, in another, unemployment, in others, drink. It must be remembered that although the sickness did not involve the wage earner in the family, the drain caused by the illness frequently meant distinct financial strain, often leading to a definite need. In 12 of these cases, the vision of the hospital social service departments went beyond the medical problem.

**d. Immediate Death or Permanent Disability (Causing Permanent Institutional Care) of Father of the Family.**

In one of these 6 cases, the father of the family was in the insane asylum, while in the other 5, the problem was that of his immediate death. In several instances, the father was in the hospital at the time of referring and his death was subsequent to the referring. It goes without saying that the problem in this case was social rather than medical. It is interesting to note that four of the women were pregnant at the time the Society for Organizing Charity received the case and one of these cases was complicated by the presence of two difficult girls in the household. In 2 cases, the social service department had some understanding of the whole problem, while in the other 4 cases, their real interest was only in the medical side.

**e. General Social Problems Complicated by Individual Health Problems.**

There were 35 cases which might be thus classified—28.9% of all the cases received by the Society for Organizing Charity from social service departments. These cases involved a great number of problems, as is shown by the following table:

**TABLE IV.**

Inadequate income due to unemployment, general inefficiency, large family, poor mentality, drink, etc...	16
Desertion or nonsupport. (In some cases complicated by immorality, or drink, or both) .....	9
Drink and shiftlessness .....	2
Old age .....	2
Widowhood. (Once complicated by illness and once by drink and shiftlessness.) .....	3
All others .....	3
<b>Total .....</b>	<b>35</b>

This table, although a mere skeleton, shows that in the largest class of cases received by the Society for Organizing Charity from the social service departments, the real problem was other than medical. The hospital was interested only in the medical problem in 21 of the 35 cases.

The above discussion of kinds of problems makes it evident at once that the Society for Organizing Charity is called in by the hospitals for assistance in a great variety of cases. Although the largest group is that in which the social rather than the medical need predominates, nevertheless this is very closely followed by the problems which are definitely medical or of medical origin.

**2. The Work of the Hospitals Before the Refer or Transfer.**

**Investigation.** In considering the relationship of the hospitals to the case before the Society for Organizing Charity was called in, the question arises as to how much investigation was done before the referring or transferring. The most significant fact in answer to this is that there were only 4 cases in which the social service department made a complete

investigation from the case work point of view. In 30 cases some investigation was made, usually very slight. This included such things as looking up a medical record in another hospital, securing summaries from other agencies, consulting the church or one or two other sources. In 57 or 47.10% of the cases, absolutely no investigation was made, while in about 30 cases a member of the immediate family was seen, usually on a home visit. On the whole, it can be said that the social service departments, even when attempting family case work, make no regular case work investigation. In 22 cases, although the Society for Organizing Charity had a previous record, they were not consulted.

The Society for Organizing Charity had a previous record on 53 or 43.80% of the 121 cases received from the hospitals. They did not have a record on any of the 6 cases of immediate death or permanent disability of the head of the household and they had known previously only 6 of the 22 temporary serious medical problems. The cases most frequently known were the general social problems. In this class of cases, where the medical question was purely incidental and the social problem, other than medical predominated, the Society for Organizing Charity already had a record in 68.67% of the cases.

One of the problems discussed by the Intake Committee and brought out by many of the cases studied was the question of how much investigation a specialized agency ought to do before referring or transferring a case. This will be discussed more fully under the heading of "Under Care and Not Under Care Cases." It is worth while to note here, however, that in 10 of the 45 cases received from the social service departments in which the social service departments had taken only an interview before referring or transferring, the Society for Organizing Charity took no action other than an interview after they received the case. In 6 of the remaining 35, the Society for Organizing Charity gave no treatment, their only action being an investigation.

**Treatment.** Forty-three cases received no treatment of any kind from the hospital social service departments, the case being turned over to the Society for Organizing Charity after *an interview*, or several interviews, had determined the ap-

parent need. These 43 cases were not confined to any one of the five classifications already given, but were equally distributed among all of them, the only exception being the long drawn out medical problems, where there were just 7 cases in which only an interview was taken. This is partly explained by the very nature of the case. We shall see in a later discussion of some of these cases<sup>1</sup> that the hospitals differed greatly in their treatment of them. We shall also see that, owing to the fact that need for prolonged treatment is not always apparent at the beginning, the hospital had become involved in the problem by the time it recognized the need of family case work and turned the family over to the Society for Organizing Charity.

There were only 5 cases in which investigation was made and no treatment was given before calling in the Society for Organizing Charity. This shows that it is not a general policy of the hospitals to make an investigation solely for the purpose of deciding whether or not another agency should be called in. It is interesting to learn that 4 of these 5 cases come under the group of temporary medical problems.

The kind of treatment given in the 41 cases receiving treatment varied greatly and depended, somewhat, both on the kind of problem and the hospital concerned. For instance, it was found that the cases most frequently receiving treatment by the hospital social service departments were those in which there was a medical problem not affecting the head of the household; that is, the group of cases where the medical condition involved less of a financial strain on the family since the bread winner was not disabled. On the other hand, the temporary serious medical problems received social treatment from the hospital in only 5 cases—no doubt, partly because these temporary illnesses were such as to cause an immediate withdrawal of the bread winner.

We come now to the difference in the treatment given by the various social service departments. The following table shows the number of cases reported to the Society for Organizing Charity by each hospital and the number in which interview, investigation or purely medical treatment was

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<sup>1</sup> See Part II, Cases 5, page 133 and 7, page 136.

given as compared to the number receiving other social treatment before the refer or transfer :

TABLE V.

	No Social Treatment	Social Treatment	Total
Children's .....	9	2	11
Episcopal .....	6	3	9
Hahnemann .....	13	4	17
Jefferson .....	8	8	16
Pennsylvania .....	21	7	28
Phipps .....	6	4	10
Presbyterian .....	3	6	9
University .....	12	9	21
Total .....	78	43	121

Although the figures here are too small to be conclusive, nevertheless it is worth mentioning that the three hospitals who gave social treatment least often, the Children's, Hahnemann and Pennsylvania, were the three who all through the study were found to be treating problems only of a distinct medical nature. In the case of the Children's Hospital this may be explained by their limited scope. We shall see with the Hahnemann Hospital that its function at the time of the study was really that of a clearing house, while the Pennsylvania Hospital did intensive social work only along medical lines in the cases it referred. On the other hand, the University and Jefferson hospitals, which we here find giving a considerable amount of social treatment other than distinctly medical before the refer or transfer, were the two hospitals that most often carried on general social work with the case after it had been referred. In speaking of social treatment, other than distinctly medical, many items are included, one of the most interesting of which is, of course, relief. This varied from free prescriptions to coal, rent and even groceries. Free prescriptions in the form of simple drugs were generally given. Although this fact was noted whenever the record contained the information, it is probable that in many cases free prescriptions were given and no notation made; so the figures here mean little. Clothing also was a common article given and it would appear that the social service departments do not

look upon old clothing as relief in the same sense as a grocery order or even a new pair of shoes. There were 8 cases in which the hospital secured milk for the family; that is, the hospital did not actually expend money for the milk but got some agency that had funds for this purpose to give it. In 6 cases relief, such as coal, emergency groceries, or rent was given, in 3 instances by the same hospital. Other items considered under this heading of social treatment were instruction in baby feeding, hygiene, etc., friendly interest and advice, prolonged supervision, convalescent care, arranging care for children and summer outings.

Seventy-eight or 64.46% of the 121 cases were dealt with by the hospitals one month or less than one month before the refer or transfer, and 43 or 35.54% over one month. Five of these cases were handled by the hospitals for one year before the Society for Organizing Charity was called in.

**Reason for Refer or Transfer.** Table VI shows the reasons for refer or transfer, according to the five classifications.

In all five classifications, the need for relief, general or special, temporary or prolonged, was the reason most often influencing the hospital to call in the Society for Organizing Charity. In the group of 29 long drawn out medical problems, there were only 5 cases referred or transferred for a reason which did not include the need for relief. Even in the group of general social problems, relief stands out as the greatest reason for the refer or transfer, although in this classification we find 11 cases referred or transferred for a reason not including relief. Relief asked was usually of an unspecified or else temporary nature, but 7 of the 121 cases (5 of them in the group of medical problems not involving the head of the family), were referred or transferred for special diet or milk; and 6 more cases (3 of them in this group) for clothing, carfare or both. It is interesting to note that 8 of these 13 cases fall into the group of temporary illness not affecting the head of the household and it seems to point to a fact that we have already mentioned, that is, in many instances these cases became problems because although the family was able to meet its usual obligations, it was not able financially to meet an extraordinary *need*.



TABLE VI.  
Showing reason for Refer or Transfer according to Kind of Problem.

Reason for Refer or Transfer	Long drawn out medical problems affecting the head of the family	Temporary medical problems affecting the head of the family	Medical problems permanent or temporary in individual not the head of the family	Immediate death or permanent disability, causing permanent institutional care of father of family	General social problems complicated by individual health problems	Illeg. cases	Total
Temporary relief .....	1	4	5		1		11
Special diet of milk .....	1		5		1		7
Glasses .....					1		1
Relief { General assistance .....	19	13	2	5	18	2	59
Family asked assistance .....	2				1		3
Clothing and carfare .....	1		3		2		6
Considered family rather than special problem .....	1				2		3
Readjustment; arrange care .....	3	9	6	1	6	1	28
Follow up .....			1				1
Employment .....	1				1		2
Investigation .....					2		2
Total .....	29	26	22	6	35	3	121

### 3. The Relation of the Society for Organizing Charity to the Case After the Refer or Transfer.

**Under Care and Not Under Care Cases.** Eighty-three or 68.59% of the cases referred or transferred by the hospitals were taken under care, while 38 or 31.41% were not actively taken up by the Society for Organizing Charity. All of the cases involving the immediate death or permanent disability of the head of the family became under care and this is followed by the group of 29 cases involving the long drawn out illness of the head of the family, 23 or 79.31% of which were under care, as compared with 65.71% of the general social problems.

The following table shows the reason cases were not taken under care:

**TABLE VII.**

Society for Organizing Charity did not consider case for relief .....	12
No problem found by the Society for Organizing Charity .....	3
Matter arranged immediately or after slight investigation .....	3
Other agency active .....	2
Other agency previously interested .....	3
Society for Organizing Charity considered case for the hospital social service department to adjust.....	3
Transferred to other agency .....	1
Society for Organizing Charity did not take up (reason not obvious) .....	5
Others .....	6
<b>Total .....</b>	<b>38</b>

The amount of investigation <sup>1</sup> done by the hospital social service departments in these under care and not under care cases may throw some light on the result.

**TABLE VIII.**

Amount of Investigation	Under Care	Not Under Care	Total
None .....	36	21	57
Home visit .....	22	8	30
Partial .....	23	7	30
Complete .....	2	2	4
<b>Total .....</b>	<b>83</b>	<b>38</b>	<b>121</b>

<sup>1</sup> See foot note page 5.

As has been pointed out previously, no investigation of any sort was done in 57 cases, a home visit only in 30 more and investigation of some sort in 34. That is, in 87 or 71.89% of cases, no outside investigation was made by the hospital. Taking only the 83 under care cases we find no outside investigation was made in 58 or 69.87% cases while no investigation was made by the hospital in 29 or 76.31% of the cases not taken under care by the Society for Organizing Charity. This shows that the hospital had made some investigation previous to the referring or transferring in a larger percentage of cases taken under care by the Society for Organizing Charity than in those not taken under care. The difference, however, is not enough really to be considered as a pertinent cause for a case not being taken under care and we must look for some other explanation.

**Investigation.** The first question that arises here is how much information did the hospitals give to the Society for Organizing Charity in referring or transferring the cases to them; or, put reversely, how much information did the Society for Organizing Charity ask of the hospitals when receiving a case from them. In 22 cases, no summary of any kind was obtained by the Society for Organizing Charity from the social service department. In 40 cases a verbal summary, sometimes full and sometimes very brief, was given. In 39 cases, the information was given over the telephone in reporting the case. In 18 cases a written summary was sent. There were 2 instances in which the Society for Organizing Charity read the social service department's record. Although the usual practice was to give some information, in the majority of cases a full written statement was neither given nor expected. This is partly explained by the fact that the social service department's record in many of the cases was so brief and contained so little information that it could readily be given orally. There is a question whether this is a good method and a full discussion of summaries will be given under Part II of this study, the Intake Committee having particularly emphasized this point.

The question of the kind of investigation is less important *in this group of cases in which the first agency made no, or little, investigation than in the case in which the referring or*

transferring agency made an investigation before calling in the second agency. It is, nevertheless, interesting to note how much investigation was done by the Society for Organizing Charity in the cases received from the hospital social service departments.

In 31 of the 121 cases received from the social service departments, the Society for Organizing Charity made no investigation. Twenty-one of these cases they did not take under care. In 23 cases a brief investigation was made by the Society for Organizing Charity, of which 12 became not under care cases. In the remaining 62 cases a partial or full investigation was made by the Society for Organizing Charity, and only 5 became not under care. This takes us directly back to our discussion of under care and not under care cases, and the fact must again be emphasized that in 21 cases of the total 38 cases becoming not under care, investigation by the Society for Organizing Charity was not necessary to determine that the cases need not be taken up and only brief investigation was required in 12.

**Treatment.** We now come to the question of treatment by the Society for Organizing Charity and here it is important again to consider our classification by groups. The following table shows the treatment in a general way as given by the Society for Organizing Charity to all the cases received from the hospital social service departments:

TABLE IX.

No treatment .....	39
Emergency relief only .....	9
Temporary relief only .....	14
General relief only .....	4
Relief and social treatment .....	41
Social treatment, no relief .....	14
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Total .....	121

In the group of long drawn out medical problems, there were only 7 cases in which no relief was given, and 6 cases in which relief alone was given. Two of this class of cases became regular allowance cases, while in the others the treatment varied from simple medical treatment to employment, supervision, friendly interest and advice, care for chil-

dren combined with relief, sometimes in the form of only clothing or carfare and again in the form of rent, coal or groceries. On the whole this group of cases involved thorough family work. This was less true of the second group or the temporary serious medical problems, for we find here 7 cases of pure emergency or temporary relief and no case of regular allowance; and only 7 cases in which relief and general social treatment were given as compared to the 15 of the first group. The fact that they received such treatment as convalescent care, temporary shelter, instruction, friendly interest and advice shows, however, that intensive work was required. The third group, that of medical problems involving an individual not the head of the family, was the group least often needing intensive work on the part of the Society for Organizing Charity. In 13 cases of this group the only action of the Society for Organizing Charity was investigation or interview. Five received no other treatment than temporary or emergency relief, 1 received convalescent care, instruction and so forth, and no relief, while the remaining 3 were given both social treatment and relief. None of these were regular allowance cases, although carfare, rent and groceries were given. Five of the 6 cases of death of fathers became relief cases and four of these 5 involved much social care other than relief, 3 becoming regular allowance cases. This group scarcely needs any discussion. It is probable, however, that under an adequate appropriation to the Mothers' Assistance Fund, we should not find widows' families coming to the Society for Organizing Charity. In the last group, or general social problems, 14 received only an interview or investigation, 5 social treatment, but no relief, and 9 social treatment combined with relief, although the relief in these cases was usually a minor matter.

#### 4. Did the Case Gain or Lose?

In making the study, the individual case and the effect of the refer or transfer on it was constantly kept in mind, this point receiving particular emphasis in every schedule. The *result on the case itself* of referring or transferring was often *intangible and the decision an arbitrary one*. Unfortunately

the case records were frequently not full enough or not worked up in such form as to throw any light on the question. As has been said in the introduction, the reading of one record alone was no guide in this matter, but often the combination of records did give illumination and it was possible for the reader to come to a decision; always, however, based somewhat on her individual judgment. There were 23 cases which could be said to have lost distinctly by the transfer or refer, where the loss could be definitely explained. In 13 of these cases the failure was accounted for by the fact that the hospital had a long previous contact and the problem did not warrant the calling in of another agency. In other cases the Society for Organizing Charity, not recognizing the case as one needing their care, did not take it up. It must be remembered that the cases transferred or referred here mentioned were the first referring or transferring in the present handling of the case by the hospital. When we discuss the cases that were referred or transferred a second or third time, we shall see that this long contact on the part of the hospital or intensive work done by them became a vital question from the point of view of the case and its handling by another agency.

Another cause of failure was the calling in of the Society for Organizing Charity when the case was definitely a problem for some other agency. One hospital, for instance, referred 3 cases which lost noticeably, once because another agency was already active and twice because the case came properly within the function of another agency. A number of the cases which might be said to have gained, or not to have lost, because the thing needed was actually accomplished were, when analyzed, found to be cases which probably should not have gone to the Society for Organizing Charity. One hospital reported 7 cases which in no way involved family problems and could be handled by the hospital.<sup>1</sup> The cases that most often could be said to have gained definitely were those in which the hospital, after referring the case, attempted no social work excepting medical follow up work. This raises a question, and may suggest that the solution of

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<sup>1</sup> See Part II, Case 1, Page 127.

the difficult problem of adjusting their functions between the Society for Organizing Charity and the hospital social service departments is that the hospitals on any referred cases should handle only the medical side. This simple solution, however, will not always meet the need of the case. The contact of the hospital is often so strong that it cannot turn the responsibility for the family work entirely over to the Society for Organizing Charity. Furthermore, in the long drawn out medical problems particularly, the social service department has contact over a longer period and calls in the Society for Organizing Charity only as occasion requires, continuing its work after the Society for Organizing Charity's record is closed. Further discussion of this problem will be given in the Intake Committee report.

**5. Cases on Which There Was More Than One Refer or Transfer by the Hospitals to the Society for Organizing Charity.**

There were 19 cases referred or transferred a second or third time, that is, on which the same or another agency was called in subsequently. Three of these cases were transferred cases and 16 referred.

These cases are distributed through all five classifications, but both cases coming in the group of immediate death or permanent disability of the head of the household were transferred, as was one of the three illegitimacy cases. These cases came to the Society for Organizing Charity from all of the hospitals, but five were Hahnemann Hospital cases, the hospital whose department appeared most nearly to act as a clearing house. This was the hospital from which the three transferred cases came. There were 3 cases which were referred twice by the University Hospital and two cases referred twice by the Jefferson Hospital. Both of the Jefferson Hospital cases and 2 of the University Hospital cases were long drawn out medical problems. These small figures themselves, seem insignificant until it is remembered that these were the two hospitals probably doing the most family work *and that the long drawn out medical problems were the ones involving the most difficulty.*

In 8 of the 19 cases the refer was always made by the hospital to the Society for Organizing Charity and no other agency was involved. In 2 of the eight cases, the cases were referred three times by the hospital to the Society for Organizing Charity, the Society for Organizing Charity's record being closed between each referring. In 3 instances, the Society for Organizing Charity had a record previous to this first referring. Why was it necessary for the hospital to call in the Society for Organizing Charity a second or third time on these cases? Twice this was done because the hospital did not realize that the Society for Organizing Charity's record was closed and when some minor need arose called in the Society for Organizing Charity a second time; twice also because the family situation had changed and in one case because the medical situation had cleared up and there was really no problem for the hospital. This case was transferred the second time and the records seem to show that the Society for Organizing Charity, for no obvious reason, dropped the case the first time although the family situation was then apparent. The 2 cases which were referred three successive times to the Society for Organizing Charity by hospitals were both cases in which there was tuberculosis present with which the hospital dealt continuously. In 1 of these cases the three referrals were questions of incidental relief. The other case is fully discussed under the Intake Report.<sup>1</sup> This was one of the typical long drawn out medical problems in which the hospital became more and more involved, and the family work on the part of two agencies was an utter failure.

Six cases were referred or transferred to the Society for Organizing Charity which the Society referred or transferred to a third agency. In 1 instance, the problem was that of a widow with a child. The calling in of the third agency was purely incidental. The other 5 cases the Society for Organizing Charity turned over to other agencies because they never should have come to the Society for Organizing Charity. One of these was a family problem for the Society to Protect Children from Cruelty. The other 4 cases all came to the So-

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<sup>1</sup> See Part II. Case 7, 136.



ciety for Organizing Charity from the same hospital. The Society to Protect Children from Cruelty was already active on one and had it been consulted by the hospital, the referring to the Society for Organizing Charity would have been saved. Of the other cases, 2 were problems of single mothers with illegitimate children, and in both cases were turned over to the proper specialized agency. Although all but one of these cases were considered under care by the Society for Organizing Charity, it is evident that they should never have received any of them.

In 3 of the cases on which there were two referrals, the second referring was made by the original hospital to an agency other than the Society for Organizing Charity; in 2 cases to the Society to Protect Children from Cruelty and in the third case to the Children's Bureau. One of the cases referred to the Society to Protect Children from Cruelty had been known previously by them and should not have been referred to the Society for Organizing Charity in the first instance. In the second case, there was some question whether any family problem existed, but if so, it was a case rather for the Society for Organizing Charity than for the Society to Protect Children from Cruelty. Judging from the record, it certainly should have been referred to them the second time since it had been previously. The case referred to the Children's Bureau by the Jefferson Hospital was a case on which there were long involved records with both the Society to Protect Children from Cruelty and the Society for Organizing Charity. While the referring to the Children's Bureau was simply for temporary care, it would have been better for the hospital to have taken up the matter with the Society to Protect Children from Cruelty since they were then active.<sup>1</sup> These cases on which there were more than one refer or transfer were all of them cases involving definite Intake problems and were such as brought up involved questions of function.

## II. CASES REFERRED OR TRANSFERRED BY THE VISITING NURSE SOCIETY TO THE SOCIETY FOR ORGANIZING CHARITY.

Altogether 18 cases received by the Society for Organizing Charity from the Visiting Nurse Society were studied.

<sup>1</sup> See Part II, Case 23, Page 162.

Fourteen of these were referred and 4 transferred cases; 11 became under care and 7 were not taken under care by the Society for Organizing Charity.

The Visiting Nurse Society is not a case working agency, although the social side is emphasized in their public health work. Because of the large number of cases referred or transferred by the Visiting Nurse Society to the Society for Organizing Charity, which became not under care, and because of the special interest of the Committee in knowing what kind of cases were referred or transferred by the Visiting Nurse Society, it was decided to include them in this study.

### 1. The Kind of Problem.

The following table shows in a general way the classification of the kind of problem present in the cases received by the Society for Organizing Charity from the Visiting Nurse Society:

**TABLE X.**

Inadequate income due to illness of the father, large family, etc. ....	5
Irregular employment (once complicated by drink and once complicated by tuberculosis in a member of the family) .....	3
Widowhood or desertion (once complicated by old age and by health problem of individual in the family) .....	4
Old age combined with illness (no children) .....	3
All others .....	3
Total .....	18

### 2. The Work of Visiting Nurse Society Before Refer or Transfer.

**Investigation.** In 17 cases, the Visiting Nurse Society made no outside investigation,<sup>1</sup> while in the eighteenth case, that of a single aged woman, according to the Society for Organizing Charity's record, the Visiting Nurse Society consulted the employer. In 7 cases, the Society for Organizing Charity had a previous record but were not asked for summary by the Visiting Nurse Society.

<sup>1</sup> The Visiting Nurse Society always made one and usually many home visits.

**Treatment.** The interest of the Visiting Nurse Society was largely in the medical need in all of these cases, although they took into consideration the social factors. In 5 cases the medical problem was simply the recent confinement of the mother and in only 1 of these 5 cases was there another medical problem present. Four of the 5 cases might, therefore, be called social rather than medical problems. All of the 18 cases were given treatment in the form of nursing. Sixteen of them received no other treatment. One case was given milk and the remaining case was given money or fuel, according to the Society for Organizing Charity's record. This was not mentioned in the record of the Visiting Nurse Society.

**Reason for Refer or Transfer.** Ten cases were referred or transferred for general assistance, 2 cases because the family asked for assistance, 1 for a Christmas basket and presents, 4 for readjustment and 1 for employment. The Society for Organizing Charity had a previous record in 7 of the 18 cases received from the Visiting Nurse Society, although, as has been pointed out, the Visiting Nurse Society did not avail itself of the information which the Society for Organizing Charity had.

### 3. The Relation of the Society for Organizing Charity to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** We have already said that 7 cases received from the Visiting Nurse Society were not taken under care by the Society for Organizing Charity. The reasons were as follows:

TABLE XI.

Transferred to other agency .....	1
Case belonging to other agency .....	1
No problem found by Society for Organizing Charity....	1
Patients both died .....	1
Family moved .....	1
Slight investigation arranged matter .....	1
Society for Organizing Charity did not consider case for relief .....	1
Total .....	7

**Investigation.** Since the Visiting Nurse Society had done no outside investigation in any of the cases, there could be no duplication on the part of the Society for Organizing Charity, but it is interesting to note in passing that the Society for Organizing Charity made no investigation in 7 of the cases they received from Visiting Nurse Society. They had previous records on 4 of these, however, and had made some investigation previously in 3 of the 4. On 4 cases they made some investigation, while full investigation was made in 7 cases. The Visiting Nurse Society reported 7 cases without giving a summary of any kind, and in none of the remaining 11 cases was a written statement given.

**Treatment.** The only action of the Society for Organizing Charity in 7 of the cases received from the Visiting Nurse Society was an interview or investigation. Two cases were given emergency relief; 4 temporary relief; 1 case general relief; friendly interest was taken in another case and no relief was given. In all 3 of these cases, medical care was necessary; in 2 of them the medical care other than nursing being the chief necessity. It is probable that had these cases originated with a hospital, instead of having been referred to the Visiting Nurse Society through a private physician, they would have become Social Service Department cases and might never have got to the Society for Organizing Charity. Since they were under the care of a private physician, it became necessary for the Visiting Nurse Society to call in a general agency.

#### 4. Did the Case Gain or Lose?

There were 4 cases that could not have been said either to gain or lose from the point of view of the effect of the case. In each of these, the Society for Organizing Charity found no problem when they took up the case. In several of the other cases, although no particular effect was produced one way or the other by the referring, it was doubtful whether there was justification for it. In many of the cases the question arose in the mind of the reader whether it would not be possible for the nurses to have a larger understanding

of the problem and thus avoid a number of the referrals and transferrals which did take place. The reading of many records has produced the conviction that even when no other actual harm is wrought, the needless calling in of an agency not only wastes the time of that agency, but is bad from the family point of view.

#### 5. Cases on Which There Was More Than One Refer or Transfer by the Visiting Nurse Society to the Society for Organizing Charity.

There was only 1 case in this class—a transferred case. The mother of the family had pulmonary tuberculosis and all except 1 of the 7 children had tubercular infection of enlarged glands, while one child was an idiot. This case was complicated by the irregular employment of the father. The Society for Organizing Charity had not known it previously and took it up at once in an intensive way. During the course of the case work, they referred it to the Children's Bureau as a question of child placement and later to the Society to Protect Children from Cruelty to have them bring pressure in order to enforce a plan. The second referral gained nothing and under the Intake Committee's present conception of the relationship of family agencies the second referring should probably not have been made. It is interesting to note that the predominating problem in this case was medical, and the treatment given by the Society for Organizing Charity was largely medical although considerable relief was necessary in carrying out the plan.

### III. CASES REFERRED OR TRANSFERRED BY THE BUREAU OF COMPULSORY EDUCATION TO THE SOCIETY FOR ORGANIZING CHARITY.

Twenty-four cases received by the Society for Organizing Charity from the Bureau of Compulsory Education were studied, of which 20 were referred and 4 transferred; 9 becoming under care and 15 not taken under care. The Bureau of Compulsory Education is not a case working agency and depends upon its attendance officers for any visiting

that is done. Much of its work is handled in the office. A number of the reports on which it bases its decision on referring a case come from school principals alone. It can, nevertheless, to a certain extent be classified as a social agency and does take distinct social interest in the families that come within its scope. The Society for Organizing Charity received many cases from this source during the course of the year, and it seemed worth while to include some of these in the study.

### 1. The Kind of Problem.

The following table shows, in a general way, the classification of the kind of problem present in the cases received by the Society for Organizing Charity from the Bureau of Compulsory Education:

**TABLE XII.**

Child working illegally or kept home illegally due to social complication, such as widowed mother, inadequate income, mother employed, mother ill, or father widower	14
Mother or father dead .....	3
Irregular employment or inadequate income.....	3
All others .....	4
<hr/>	
Total .....	24

In 14, or over half of the cases, the problem was that of a child illegally kept out of school usually because of some social complication in the family. The problem in 10 of these 14 cases from the point of view of the Bureau of Compulsory Education was the fact that the child was working illegally, while in 4 more cases there was merely the question of a child desiring a domestic certificate. Two cases were reported to the Society for Organizing Charity because the child was kept out of school for lack of clothing.

### 2. The Work of the Bureau of Compulsory Education Before the Refer or Transfer.

**Investigation.** The Bureau of Compulsory Education made no outside investigation in any case, but in 5 the home was visited. The Bureau of Compulsory Education did not

consult the Society for Organizing Charity in the cases in which the Society had a record.

**Treatment.** In 16, or two-thirds of these cases, the Bureau took only an interview. In 4, legal action had been taken, while in 4 others, advice had been furnished by the Bureau.

**Reason for Refer or Transfer.** The following table shows the reason for the refer or transfer:

**TABLE XIII.**

General assistance .....	7
Investigation .....	2
Because the family asked for assistance .....	1
Clothing .....	2
Employment .....	1
Re-adjustment .....	7
Investigation to learn whether a domestic certificate should be issued .....	4
Total .....	24

We find here an entirely new reason for refer or transfer, investigation, appearing in a significant way. This is followed by a less frequent appearance of "general assistance" as a reason for calling in the Society for Organizing Charity. Six cases were previously known to the Society for Organizing Charity, although the refer or transfer was not influenced by this fact.

### 3. Relation of the Society for Organizing Charity to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** Of all the cases referred or transferred (see Table I) to the Society for Organizing Charity by the Bureau of Compulsory Education 52.38% became not under care cases. It seemed fair, therefore, in making the study to select a larger proportion of not under care cases than of under care cases.

The reasons why these cases became not under care are interesting, especially when related to the kind of problem and the reason for referring or transferring to the Society for Organizing Charity. We have seen above that 6 cases were referred solely for investigation and we find all 6 of these

becoming not under care. In 5 cases, slight investigation adjusted the difficulty; 1 case the Society for Organizing Charity did not consider in need of relief and another agency was active. In 4 of these 6 cases investigation was made to learn if a domestic certificate should be issued. The securing of the necessary information before issuing the certificate hardly seems an adequate reason to call in a family agency. It might be said in passing that the Bureau was more apt to call in the Society for Organizing Charity if the family lived in an outlying district.

The reasons that the case was not taken under care in the remaining 9 cases seem to show that a little more careful consideration of the problem on the part of the Bureau would have saved the transfer or refer. Three cases received by the Society for Organizing Charity for general assistance were not taken under care because the Society for Organizing Charity found them not to be cases for relief. In another case no problem was evident to the Society for Organizing Charity. In another the family was able to make its own adjustment. The single case in which the refer may have been justified, although unsuccessful in result, was that of a family which the Bureau said was in need of a "boost." There was certainly a problem for some social agency here, but the family itself was non-cooperative.

**Investigation.** In 6 cases no investigation was made by the Society for Organizing Charity. All of these were not under care cases and the only action taken in 5 of them was an interview. That is to say, in many of the cases received from the Bureau, all that was needed to determine the fact that the case was not one for the Society for Organizing Charity was a superficial understanding of the situation. This is emphasized by the fact that 6 cases received only a brief investigation, 4 of these becoming not under care. Seven received a partial investigation, 4 of these becoming under care, while of the 5 cases justifying a full investigation, only 1 became not under care.

**Treatment.** Eight of the 24 cases received by the Society for Organizing Charity from the Bureau were treated by the Society for Organizing Charity and only 2 of these



were not under care cases, as might be expected. Two cases received intensive treatment, including relief, the only cases receiving any relief; the other cases received medical care, were helped to secure employment or needed advice only.

It naturally follows that the length of service in these 24 cases was short; 14 were open less than a month and only 2 received over three months' care.

#### **4. Did the Case Gain or Lose?**

A number of cases received from the Bureau might in one sense be said to have gained because the action of the Society for Organizing Charity made the necessary adjustment. From the point of view of needlessly calling in an agency, which we have already shown to be a bad thing, most of these cases, however, can be said to have lost distinctly. Two cases actually lost from the case point of view, 1 of which was a child placing problem and should not have got to the Society for Organizing Charity; the other was a case already known to another relief giving agency, which fact was not discovered through central registration because the Bureau of Compulsory Education had an incorrect spelling of the family's name.

#### **5. Cases on Which There Was More Than One Refer or Transfer.**

There were 3 cases referred more than once. Two of these were referred twice by the Bureau to the Society for Organizing Charity; 1 properly so, the Society having known the family ten years back. The Society for Organizing Charity closed their record too soon the first time, which accounted for the second referring. The second case was referred two years in succession for investigation in reference to a domestic certificate and in neither case was the referring justified. On the third case the Bureau of Compulsory Education called in the Society for Organizing Charity just about the time the case was being transferred by the Girls' Aid to the Children's Bureau and the Society to Protect Children from Cruelty.<sup>1</sup> This was one of the most complicated and difficult cases brought up

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<sup>1</sup> See Part II, Case 22, Page 160.

before the Intake Committee and a full discussion of it is given in that section of the report.

#### IV. CASES REFERRED OR TRANSFERRED BY THE TRAVELERS' AID SOCIETY TO THE SOCIETY FOR ORGANIZING CHARITY.

##### 1. The Kind of a Problem.

The Society for Organizing Charity received 8 cases from the Travelers' Aid Society of which 6 were transferred. All but 1 of these cases were those of families or individuals who were legal non-residents. Two of them were the families of widows recently having come to town. Three others were problems of desertion, drink or unemployment. One was that of a single girl of twenty-six, a stranger in the city, with a previous institutional history in another state and an illegitimate child in that state. The seventh was that of an unmarried mother of thirty-five, feeble-minded, with two illegitimate children and irregularly employed. The eighth case was that of a widower in need of a housekeeper to care for house and children.

##### 2. The Work of the Travelers' Aid Society Before the Refer or Transfer.

**Investigation.** The Travelers' Aid Society made some investigation before referring or transferring in 3 of the 8 cases but not a complete investigation in any of them. There was only 1 case in which the Society for Organizing Charity had a previous record and they were not consulted by the Travelers' Aid Society in this case. In another case, that of a mother with two illegitimate children above mentioned, although the Children's Bureau not only had a record but were actively interested, they were not consulted.

**Treatment.** In 2 of these cases, the Travelers' Aid Society went no further than an interview but in the remaining 6, some treatment was given. One case received emergency groceries and another clothing. Friendly interest or advice was given in 4 cases, a night's lodging was secured in a fifth and in a sixth temporary shelter was given.

**Reason for Refer or Transfer.** Relief entered into the

reason for refer or transfer in 5 of the 8 cases, while 2 were reported for readjustment and 1 for employment.

### 3. Relation of the Society for Organizing Charity to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** Only 1 of these cases (that of the widower) became technically not under care with the Society for Organizing Charity for the reason that the family was able to make its own adjustment. Several of the others, as will be seen, although taken up by the Society did not properly come within their function, and in some cases should never have been accepted by them.

**Investigation of the Society for Organizing Charity.** In all but 1 case, the Society for Organizing Charity did some investigation, making a full investigation in 6 cases. Three of these 6 cases had been previously investigated by the Travelers' Aid Society, and in all 3 the investigation of the Society for Organizing Charity included the sources already seen by the Travelers' Aid Society. In 1 instance this is explained by the fact that no summary was received by the Society for Organizing Charity but in the other 2 a summary was given, once written and once verbal with full information.

**Treatment of the Society for Organizing Charity.** The treatment of the Society for Organizing Charity was not intensive in any of these 8 cases; 1 became an interview only, 2 received emergency relief, a third temporary relief, while instruction, friendly interest and advice were given in several. The Society for Organizing Charity dealt with only 1 of these cases over six months.

### 4. Did the Case Gain or Lose?

Three cases were not affected one way or the other as far as the actual case went, although in 2 of them the refer or transfer was not justified. One of these was the case of the mother with two illegitimate children already mentioned. The Children's Bureau was active on this case and had the Travelers' Aid consulted them the referring would have been saved. *The other* was that of a widow from out of town and was *distinctly* a deportation problem. Both agencies worked on

the problem simultaneously. The records showed clearly that the case should either have been a transfer or should have remained with the Travelers' Aid. One case lost distinctly from the point of view of the case. This was that of a single girl. The Travelers' Aid transferred it without any investigation after having placed the girl in a temporary home. It was a case in which the proper agency could not be determined without an investigation but there was obviously no family problem.

#### V. CASES REFERRED OR TRANSFERRED BY THE GIRLS' AID TO THE SOCIETY FOR ORGANIZING CHARITY.

There were only 3 cases, all referred, received by the Society for Organizing Charity from the Girls' Aid and all of these became under care with the Society for Organizing Charity. Although the cases were few, these 3 cases and the cases received by the Girls' Aid from the Society for Organizing Charity constitute one of the most interesting problems brought out by the study. The problem is similar somewhat to that of other specialized agencies but differs because we have here a specialized agency doing intensive case work with one member of a family. It can be seen at once that when this member lives at home it is impossible for the specialized agency to avoid family contacts. As this has been one of the problems which the Intake Committee has worked over, it will be discussed in detail under the report on the Intake Committee.

##### 1. The Kind of Problem.

All of the 3 cases referred constituted involved family problems with the relief problem minor. In all 3 the parents themselves were of low grade. In 1 both parents drank and in another the father drank. In all 3 the younger children in the family were becoming problems and the home environment was undesirable. In 1 of the 3 cases the girl with whom the Girls' Aid dealt, was away from home and they did not, therefore, become involved in the family problem. In the other 2, however, the family problem could not be avoided by them.

## 2. The Work of the Girls' Aid Before the Refer or Transfer.

The amount of investigation in the cases differed. In 1 it was slight, while in the other 2 it might be called fairly complete. In both cases where the Society for Organizing Charity had a previous record, their record was consulted as part of the investigation.

**Treatment.** The refer was not made immediately in any of the 3 cases, and some treatment was given in all. In 1 case, the Girls' Aid dealt only with the girl and dealt intensively with her. In the second case, the girl was supervised in her home and an attempt was made to secure medical care for a child in the home. In the third case no actual treatment was given other than investigation. In 2 cases the Girls' Aid dealt less than six months with the family, while in the third case they dealt with the family nearly a year before referring.

**Reason for Refer or Transfer.** One of the 3 cases was referred for general assistance while the other 2 were referred distinctly for readjustment as family rather than special problems. In referring one of the cases the Girls' Aid stated that the "referring was not for relief but for family rehabilitation."

## 3. Relation of the Society for Organizing Charity to the Case After the Refer or Transfer.

In 2 of the 3 cases, the Society for Organizing Charity had previous records, in both cases of long standing. In 1 of these they had last closed their record about a year previously while in the other case they had not dealt with the family for over two years.

**Investigation.** In 1 of the 3 cases the Society for Organizing Charity did not make any investigation. The Girls' Aid had furnished them with a complete detailed written summary in this case, but their lack of investigation was probably accounted for by the fact that they did not really take up the case. The other two cases were both investigated by the Society for Organizing Charity. In 1 of them the Girls' Aid had given a full verbal statement and in the other a full *written statement*. In both cases some of the sources consulted by

the Girls' Aid were reconsulted by the Society for Organizing Charity.

**Treatment.** The Society for Organizing Charity took no action other than investigation in 1 of these cases. In the other 2 advice was given and medical or other care was urged. No relief was given in any case.

**4. Did the Case Gain or Lose?** One case was not affected in any way. This was the case referred for relief when the mother of a large family became a widow. The Girls' Aid was probably justified in the referring since it looked like a potential problem and the girl with whom they were dealing lived away from home. Both the other cases lost. One because although it was a family problem, it was distinctly a type of case properly coming within the function of the Society to Protect Children from Cruelty. The Society to Protect Children from Cruelty as well as the Society for Organizing Charity had a previous record on this case; but the Society to Protect Children from Cruelty a more recent one. The case was not in any way involved by the need for relief and undoubtedly should have gone to the Society to Protect Children from Cruelty. It was later referred by the Girls' Aid to this Society. The third case<sup>1</sup> was an involved family problem, probably of the Society to Protect Children from Cruelty type, although the previous record of the Society for Organizing Charity may have justified the Girls' Aid in calling them in. The refer failed because the two agencies visited and investigated simultaneously with the same end in view and the family was both annoyed and antagonized. If the problem was too involved from the family standpoint for the Girls' Aid to handle, as it probably was, the case should have been transferred.

#### VI. CASES REFERRED OR TRANSFERRED BY THE CHILDREN'S BUREAU TO THE SOCIETY FOR ORGANIZING CHARITY.

Twenty cases received by the Society for Organizing Charity from the Children's Bureau were included in this study; 6 referred and 14 transferred. The Children's Bureau is an investigating and child placing agency. It does

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<sup>1</sup> Part.II, Case 13, Page 147.

case work in the form of its investigation and the readjustment of situations in order to prevent the removal of children but does no supervision or family work, as a rule, after the investigation and adjustment is made. It has, however, or had at the time of the study, a department for mothers with children, which department, although it had largely grown to be a service department, did undertake some family work and supervision. Its particular work was with unmarried mothers or women with illegitimate children, but it received applications for placement in any type of case. Of the 6 cases referred by the Children's Bureau to the Society for Organizing Charity, 4 came from the service department leaving only 2 cases referred by the general department and the remaining 14 transferred. Only 1 case in the entire group became not under care.

#### 1. Kind of Problem.

The following table shows in general the kind of problem:

TABLE XIV.

Deserted mother of family (in four cases working and unable to give proper care to children) .....	6
Deserted mother working; originally unmarried mother (from service department) .....	1
Widow, mother of family (once complicated by difficult children, once by character problem and once by mental problem) .....	3
Sick mother and other social complications .....	3
Sick mother (originally unmarried) .....	1
Other general family problems .....	6
Total .....	20

From this table it is seen that practically all of these cases, even those going from the department of mothers and children, were general family problems such as a family agency might be supposed to handle. In fact, the Children's Bureau in 12 out of the 20 cases understood the whole problem as it was and in the remaining 8 saw the fundamental problem without all the detailed complications. In none of the cases was their conception simply that of a child problem.

## 2. The Work of the Children's Bureau Before the Refer or Transfer.

**Investigation.** As an investigating agency, how thorough an investigation did the Children's Bureau make before transferring a case to the Society for Organizing Charity? In only 1 case could they be said to have made a complete investigation, in 4 cases no investigation was made, in 5 slight investigation, in 8 a partial investigation while in the remaining 2 a partial investigation had been made on a previous application. In 6 of the 14 cases in which an investigation was made, the purpose of the Children's Bureau was to get general information about the family; that is, not specific information on any one point, but a general picture of the family situation. In the other 8 cases it was for special information. In 5 cases the purpose was to learn if it was a case of necessitating removal of children or to secure care for child. In the other 2 cases the medical history was sought. It might be said generally that the Children's Bureau's investigation in the general department is made with the purpose of knowing enough of the situation to make a decision as to the advisability of removing the children and that when they are satisfied on this point they go no further, transferring the case if it seems one in which family case work is needed.

The Society for Organizing Charity had previous records on 9 of the cases they received from the Children's Bureau. In 6 of these cases, they were not consulted by the Bureau either in the course of their investigation or before the refer or transfer.

**Treatment.** As would be expected, the action of the Children's Bureau in the majority of these cases, did not go beyond an investigation and interview. Of the 7 cases which received treatment, 3 were cases of the "Mothers with Children" department. Two of these received medical care; and in addition 2 of them received a very slight amount of emergency relief. This is noted particularly because the Children's Bureau have been very firm in their adherence to the "no relief" rule. Employment was secured for 1 case and the mother and child were given temporary shelter care, and in



another a child was placed temporarily. Of the 4 service cases, 2 received medical care, and emergency milk was given in 1 of these. In the third case the children were placed temporarily; while in the fourth case, advice was given and an attempt to find employment was made. From this it is seen that treatment by the Children's Bureau, except in the one department, was not intensive. Its purely investigating function explains the many transfers.

The length of service of the Children's Bureau before calling in the Society for Organizing Charity was for the most part short, only 3 cases having been dealt with more than three months by them.

**Reason for Refer and Transfer.** The kind of problem, combined with the function of the Children's Bureau as we have seen it to be, in itself explains the reason for refer and transfer in most cases, as is shown by the following table:

TABLE XV.

Readjustment or general assistance; cases considered	
problems for family adjustment .....	14
Clothing .....	4
All other .....	2
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Total .....	20

### 3. Relation of the Society for Organizing Charity to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** Only 1 of the cases from the Children's Bureau fell into the not under care group. This was because of another agency's interest.

**Investigation.** The Society for Organizing Charity had a previous record in 9 of the cases received from the Children's Bureau. Six of these cases they had known once previously and 3 twice. Previous records varied both as to intensity and the amount of information. In some nothing had been done beyond investigation, while in the others family work had been undertaken.

Some investigation was made by the Society for Organizing Charity in all but 1 of the cases received; full in 4 cases, brief or partial in the rest. In 4 cases none of the

sources which had been consulted by the Children's Bureau, were re-consulted by the Society for Organizing Charity, while in the others some or all of the sources were re-consulted. In all but 2 cases some sort of summary was given to the Society for Organizing Charity by the Children's Bureau, varying from a brief verbal or telephone statement to a full written statement. In 2 cases this written statement was not given for some time after the Society for Organizing Charity was called in. There was 1 case where the Society for Organizing Charity read the Children's Bureau record a week after the case had been referred to them. In 6 cases where sources were re-consulted although no definite harm was done from the case point of view, the re-consulting was duplication; while in the seventh case it resulted in definite antagonism.

**Treatment.** Although only 1 case became not under care, there were 7 cases in which the treatment by the Society for Organizing Charity did not go beyond investigation or interview. Four received no other treatment than emergency relief, while the fifth was given emergency relief and some medical care. In only 3 cases was intensive work done; 1 of these becoming a regular allowance case. It was brought out in the discussion of cases coming from the hospital social service departments that a considerable number became cases requiring intensive treatment on the part of the Society for Organizing Charity, many of them actually regular allowance cases. We have not found this happening frequently in any other group. Undoubtedly, one explanation of this is the fact that all the hospital service department cases involved sickness and it is generally known that sickness is the chief factor in about one-third of the cases coming to any relief society.

The length of service of the Society for Organizing Charity in these cases varied from 6 which were treated under a month, to 2 which were treated over a year and were still active at the conclusion of the study. Only 4, however, received over six months' care.

#### 4. Did the Case Gain or Lose?

Five cases could be said to have gained distinctly; they were all family problems needing adjustment. One of these

was received by the Children's Bureau from a hospital social service department when the social service department should have referred it directly to the Society for Organizing Charity.

Five cases definitely lost. One was a Society to Protect Children from Cruelty type of problem, and was transferred by the Society for Organizing Charity to the Society to Protect Children from Cruelty, which already had a record. The Children's Bureau had neglected to register in this instance. Another case was one in which the Children's Bureau had a previous record, whereas the case was not known to the Society for Organizing Charity. The Children's Bureau received a letter from the woman asking for clothing and without making a visit transferred it to the Society for Organizing Charity. The transfer would have been avoided had the Children's Bureau visited. The third case was one which the Children's Bureau referred to the Society for Organizing Charity. The Children's Bureau let the case drift and when an emergency arose called in the Society for Organizing Charity who found the only need medical care and not emergency relief, as had been stated. In another instance a distinct family problem was referred by the Children's Bureau to the Society for Organizing Charity and both agencies worked simultaneously; each agency apparently felt the question of employment was the other agency's responsibility and the woman needing employment was much puzzled to know where to turn. In the cases which could be said neither to have gained nor lost from the family point of view, the reasons varied. In several, although they were distinctly family problems, nothing was accomplished. Another was known to another relief agency, which fact the Children's Bureau should have known. Two of the cases went properly to the Society for Organizing Charity because the Society for Organizing Charity had previous records, but the Children's Bureau had neglected to ask for summaries and did unnecessary work. When the Society for Organizing Charity did have a previous record, it is probable that the Children's Bureau should never have taken up the case. There was not more than one refer or transfer on any of the 20 cases received by the Society for Organizing Charity from the Children's Bureau.

VII. CASES REFERRED OR TRANSFERRED BY THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY TO THE SOCIETY FOR ORGANIZING CHARITY.

This is the only example in the study we have of two family agencies dealing with the same case. The function of the two agencies, as usually understood, is somewhat different, but the type of case they deal with depends entirely on the kind of family problem involved and supposedly goes to one agency or the other on this basis. The main difference in function is relief on the side of the Society for Organizing Charity and the power to prosecute on the side of the Society to Protect Children from Cruelty. The need for relief may exist in a case which is of either a Society for Organizing Charity or Society to Protect Children from Cruelty type, but the type of problem needing prosecution or the kind of supervision that may ultimately lead to prosecution can be said to fall within the Society to Protect Children from Cruelty scope always. Both agencies are case working agencies although the kind and amount of case work differs; in both agencies investigation is followed by treatment, and constructive family work is attempted. It is only on these two questions of prosecution and relief that any difference can be seen in the family work of the two agencies.

Twenty-one cases were studied which the Society for Organizing Charity received from the Society to Protect Children from Cruelty; 9 of these were referred and 12 transferred, 17 becoming under care and 4 not under care cases with the Society for Organizing Charity.

1. Kind of Problem.

The kind of problems in the cases referred and transferred to the Society for Organizing Charity by the Society to Protect Children from Cruelty varied, but were all of a more or less involved family type. In the group of transferred cases, we find 3 fairly simple desertion cases, several cases in which sickness is the predominating problem and one unemployment case. The remaining cases in this group, while they may include sickness or irregular employment, are complicated by drink of the father or mother, questionable morality, difficult children, or similar problems. Among the

referred cases we find no straight desertion or sickness problem. Non-support cases were complicated by drink on the part of the father, shiftlessness of the mother and once by immorality and drink. A typical problem in this class is irregular employment of drinking father, neglect or ill treatment of children and sick children. Another is unemployment on the part of drinking father, subnormal child and disorderly house. It is evident that nearly all of the referred cases were of the type which might be called a Society to Protect Children from Cruelty problem.

## **2. The Work of the Society to Protect Children From Cruelty Before the Refer or Transfer.**

**Investigation.** In 9 cases no investigation was made by the Society to Protect Children from Cruelty; in 2 slight, in 8 partial and in the remaining 2 some investigation had been previously made. There was no case in which a thorough investigation could be said to have been made. The Society to Protect Children from Cruelty had previous records on 10 cases and had previously made some investigation in 7, all of which they re-investigated.

The Society for Organizing Charity had previous records on 13 of these 21 cases. In 7 of them the Society to Protect Children from Cruelty did not ask for summaries, in 2 summaries had previously been secured, while in the remaining 4 summaries were secured at this time.

**Treatment.** There were 14 cases in which the Society to Protect Children from Cruelty took no action other than investigation or interview before the referring or transferring, 10 of which were transferred to the Society for Organizing Charity. Their treatment in the remaining 7 was more or less simple. Three, however, were given supervision; 1 of the 3 receiving in addition medical care and friendly interest, and another employment and care at a colony for a drinking man.

The length of service of the Society to Protect Children from Cruelty was for the most part short, 15 cases having been dealt with under one week when the Society for Organizing Charity was called in, and only 2 over three months.

That is, the Society to Protect Children from Cruelty had a clear conception of its supposed function and turned over the problem to that agency which it considered to fall within the function of another agency, before becoming involved in the case. It was when the matter was not clear cut that trouble arose.

**Reason for Refer or Transfer.** The reason for refer or transfer in this group of cases is significant, especially in the group of referred cases. In all but 1 of the referred cases, this one for employment, relief was the predominating cause of the refer; 1 of them was referred for emergency relief and 1 for temporary relief. In 3 of the cases, although the fundamental reason for referring was general assistance, the Society to Protect Children from Cruelty considered the family a typical problem for the Society for Organizing Charity rather than for the Society to Protect Children from Cruelty. Although in the transferred cases general assistance was usually the reason for the transfer, 4 of these cases were transferred because the problem seemed to be one for the Society for Organizing Charity rather than the Society to Protect Children from Cruelty, the question of relief apparently not entering.

### **3. Relation of the Society for Organizing Charity to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** There were 4 cases which became not under care with the Society for Organizing Charity; 2 of these referred and 2 transferred. In 1 of the referred cases the Society for Organizing Charity had a recent record (the Society to Protect Children from Cruelty also had a previous record). The husband had been arrested and the Society to Protect Children from Cruelty thought the woman would have a stronger case in court if it were shown she was dependent and under the care of a relief-giving agency. As it turned out no relief was needed. The other referred case was a long complicated case on which both agencies had records. The problem was that of a woman, probably subnormal mentally, though never examined, who was an inveterate beggar. The man was of a better sort but driven to frequent desertion which never amounted

to more than a few days. The woman's parents were able and willing to care for her. The Society to Protect Children from Cruelty had known the case first in 1910 and had dealt with it ten times thereafter, finally closing their record in 1913. The Society for Organizing Charity first knew the case about the same time as the Society to Protect Children from Cruelty and had dealt with it more than twenty times since. The case was referred this time by the Society to Protect Children from Cruelty to the Society for Organizing Charity for emergency relief, until the Society to Protect Children from Cruelty should be able to locate the woman's parents. The family was not taken under care by the Society for Organizing Charity, and the record was closed after one emergency grocery order was given. This case was discussed in the Intake Committee, the decision there being that it was distinctly a Society to Protect Children from Cruelty problem and that if an application should again come to the Society for Organizing Charity, it should be transferred to the Society to Protect Children from Cruelty, if possible, without a visit.

Of the 2 transferred cases not taken under care, the Society for Organizing Charity considered one in no need of relief and the other they did not take up, for no apparent reason.

**Investigation.** In 2 cases no summary was given by the Society to Protect Children from Cruelty, in 4 a written summary containing a full statement was given, while in the remaining cases the summary was verbal, or telephoned.

There was only 1 case in which the Society for Organizing Charity made no investigation. In another none was made at the time of the present application, but a full investigation had been made previously. In 9 cases a full investigation was made, in 3 of these the Society for Organizing Charity re-consulting some of the sources consulted by the Society to Protect Children from Cruelty. In 5 of the cases, however, in which the Society for Organizing Charity made a full investigation none had been made by the Society to Protect Children from Cruelty.

**Treatment.** In 5 cases received from the Society to Protect Children from Cruelty, the only action of the Society for

Organizing Charity was investigation or interview. In most of the other cases referred as well as transferred, intensive work was done. Relief alone was given in 4 cases. Nearly all of the remaining 12 cases received medical care, and all except 1 relief in some form. Five cases received relief in the form of milk, clothing, rent and groceries; one of these being a referred case. In addition instruction, employment and convalescent care was given. The intensive care necessary in these cases is explained by the type of problem which as has been stated, was of an intricate nature. The kind of treatment required is somewhat indicated by the length of service, for we find 8 of them receiving care for more than six months.

#### 4. Did the Case Gain or Lose?

The transferred cases can, on the whole, be said to have gained by the transfer. There were only 2 in this class which might be said actually to have lost. In both these cases the relief questions were minor and both were fundamentally Society to Protect Children from Cruelty problems and cases on which the Society to Protect Children from Cruelty had a previous record. One of them was later transferred back to the Society to Protect Children from Cruelty by the Society for Organizing Charity. The other case was taken up later by the Society to Protect Children from Cruelty, and this time they recognized it as their problem, referring it to the Society for Organizing Charity to secure the necessary money for deportation, not even asking or expecting a visit on the part of the Society for Organizing Charity.

The Society for Organizing Charity had a previous record on 7 of these transferred cases, 4 of the 7 being also known previously to the Society to Protect Children from Cruelty. The problems were of a Society for Organizing Charity type, in three of the transferred cases in which both agencies had previous records.

We come now to the 9 cases referred to the Society for Organizing Charity by the Society to Protect Children from Cruelty, and strike perhaps the most difficult problem of *relationship met with* in the study. Only 1 of these cases can



be said to have gained by the refer. This was distinctly of a Society for Organizing Charity type, and the Society for Organizing Charity had a long previous record. As it happened, the Society to Protect Children from Cruelty largely relinquished their interest on the refer and the case should undoubtedly have been a transfer. The remaining 8 cases all lost, to some extent, by the refer. Even when no actual harm from the point of view of the family was done, the simultaneous work of the two family agencies meant duplication. Six of these 8 cases had previous Society for Organizing Charity records, and 4 of the 6 had previous Society to Protect Children from Cruelty records, so that the process of passing from one agency to another had been going on for some time. In these involved cases with which both agencies had been dealing for years, there was great need for a definite decision as to which agency should properly undertake the case. Relief was usually of a minor or of an emergency kind and if the Society to Protect Children from Cruelty were not able to give it themselves, it is probable that they could have found some way of tiding over the crisis. The 2 cases in which relief was other than a minor consideration, were both problems falling properly within the function of the Society for Organizing Charity. A number of cases involving these two agencies were studied by the Intake Committee and discussion of them will be found in Part II of this report.

## CHAPTER III.

### CASES REFERRED AND TRANSFERRED TO HOSPITAL SOCIAL SERVICE DEPARTMENTS.

A study was made of 30 cases received by two hospital social service departments from other agencies. All were referred cases. As was pointed out in the introduction, more hospitals were not studied because it became evident that the agencies called in hospital social service departments for simple, medical reasons, and the study of a large number of records would throw no additional light on the subject. The two social service departments taken, the Pennsylvania and University, were held to be fair examples since they not only received, but referred and transferred a large number of cases and differed much in their attitude toward the cases they referred and transferred. The fact that the cases were all referred shows that the interest of the agencies still continued and that the hospitals were in all cases looked upon as purely specialized agencies. The two departments will be discussed together, any differences in their treatment of the cases being pointed out. The following table shows from what agencies the cases came to the hospital social service departments:

**TABLE XVI.**

	Pennsylvania Hospital.	University Hospital.	Total
Society for Organizing Charity .....	12	8	20
Society to Protect Children from Cruelty.	2	1	3
Children's Bureau .....	1	1	2
Howard Hospital Social Service Department .....	0	1	1
Children's Hospital Social Service Department .....	1	0	1
Phipps Institute for Tuberculosis Social Service Department .....	3	0	3
<i>Total</i> .....	19	11	30

### 1. Kind of Problem.

In the first section were discussed 121 cases, referred or transferred by hospital social service departments to the Society for Organizing Charity, and it was found that these cases divided themselves into five distinct groups. In this section we have 20 cases referred by the Society for Organizing Charity to two hospital social service departments. Here, too, it was possible to classify the kind of problem according to the original grouping, but classifications were much less clear cut and more social complications entered in. In 3 of the cases the predominating problem was of a long drawn out medical nature. In all 3 the problem was not in its initial state, but had already reached the stage of a chronic medical and much complicated social problem. For instance, in 1 case the husband was dying of tuberculosis, the child had poor health and the family was much in debt, making a large problem of general adjustment. In another, the man had tuberculosis and was in a sanitarium away from the city. The center of the problem was really the woman, who was continually calling her husband from the sanitarium and who was both changeable and difficult.

There were 6 problems in which the predominating cause was the temporary illness of the head of the family. These 6 cases were less complicated than any of the other 20 and were comparatively simple medical and relief problems, much the same type as the similar group of those referred by the hospital social service department to the Society for Organizing Charity, although other social complications were present in some of them. The remaining cases would probably fall into the group of general social problems, and we find among them problems of widowhood, drink, desertion and so forth. Sometimes there is no apparent health question, while in others, it is of minor sort. On the whole it might be said that the kind of problem differs little whether the case begins with the hospital social service department or with the Society for Organizing Charity. It is in the attitude of the social service department toward the cases that we see a difference, as the following discussion will show.

*The other agencies referred 10 cases to the two hospital*

social service departments. Of the 2 cases from the Children's Bureau 1 went to each department. Both of the cases were unmarried mothers. Two of the 3 Society to Protect Children from Cruelty cases went to the Pennsylvania Hospital social service department. All three were typical Society to Protect Children from Cruelty problems, with incidental health complications. The remaining 5 cases were referred by other hospital social service departments, 3 of them from Phipps to the Pennsylvania Hospital, 1 from Howard Hospital to the University Hospital, and 1 from the Children's Hospital to the Pennsylvania Hospital. The three Phipps cases were health problems involving tuberculosis in a member of the family, or in a single individual. They were referred to the Pennsylvania Hospital because they were in need of general medical care as well as special treatment for tuberculosis. Two of these cases, because of the long drawn out medical problems, were handled by the United Hebrew Charities. The remaining 2 cases were both straight medical problems, apparently without other social complications.

It has been said that this whole group of cases received by hospital social service departments were referred cases. In not a single case did the hospital receiving the case attempt to deal with anything but the medical problem. Sometimes it was only the individual medical problem, and again it was a family medical problem, but no matter what the social complications, the hospital social service departments regarded themselves responsible for the treatment of the medical problem only.

## **2. The Work of the Society for Organizing Charity Before the Refer or Transfer.**

**Investigation.** All 20 of the cases referred by the Society for Organizing Charity to the hospitals received some investigation before the referring; but only 1 received a complete investigation. Experience in reading the records led us to look for this. The calling in of a hospital has come to be a more or less common investigating process in case work, even when there is no current sickness problem. The family agency

feels that it cannot make its diagnosis and plan without medical opinion, and the social service department of a hospital is called in as the middleman in getting this opinion. The same is true in the cases referred by the Society to Protect Children from Cruelty; there was some investigation in all 3 cases. The Children's Bureau made a partial investigation in 1 of their 2 cases and none in the other before referring. Except in 1 case no investigation had been made in the cases referred by the hospital social service departments. There are only 5 cases in which the hospital social service departments had previous records and they were consulted in these cases.

**Treatment.** Since, as we have said, the referring of cases to hospital social service departments was practically part of the investigation, we cannot expect to find much intensive treatment by agencies before the referring. This is corroborated by the length of service of the agencies before referring. Seventeen were cared for under one month and 4 under three months, leaving only 9 cases dealt with by the agencies over three months before the referring. The treatment, however, usually went beyond the investigation and interview. In the Society for Organizing Charity group, 5 cases received investigation or interview only and the remaining 15 treatment. Ten cases received relief, 6 of these only emergency relief before referring. Two were regular allowance cases and these had received very intensive treatment. The 8 cases referred to the University Hospital social service department received much less treatment, and that of a pure emergency kind, than did the 12 cases referred to the Pennsylvania Hospital social service department. It is in this latter group that we find the allowance cases and the other non-emergency relief cases. Evidently the districts using the Pennsylvania Hospital referred the cases during the course of their treatment, whereas the districts using the University Hospital sought the hospital's help in the course of their investigation. The Society to Protect Children from Cruelty in the cases they referred seemed to have done intensive work first and it is interesting to note that in 1 of these cases they not only placed the children temporarily and supervised the family, but gave coal and clothing. The work of the Children's

Bureau was of a more preliminary nature. In 2 of the cases referred by Phipps Institute social service department intensive work had been done and in 1 of these cases Phipps not only gave the children a summer outing and placed them temporarily, but sent coal and clothing and lent money to the family.

**Reason for Refer and Transfer.** All of the cases referred by the Society for Organizing Charity to the hospital social service departments were for medical examination, report on condition or medical care; usually for an examination and report, and care, if necessary. The same is true of the cases going from the other agencies to the social service departments, even those referred by other hospitals.

### **3. Relation of the Hospital to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** As might be expected, large numbers of the cases became not under care with the hospitals. Ten of the 12 cases referred to the Pennsylvania Hospital were not under care, 8 because a report only was asked, 1 because the patient never appeared and the other because the case was transferred to another agency. Of the 8 cases referred to the University Hospital by the Society for Organizing Charity, 4 became not under care, in 3 instances because a report only was asked, and in the remaining 1 because the hospital took up only the medical side.

**Investigation.** The hospital social service departments made no real investigation in any case received. In 13 of the cases the Society for Organizing Charity referred to the hospital social service departments a summary was given. A full statement was given in only 1 case, however, and this was when it was asked for by the hospital. In 2 of the 3 Society to Protect Children from Cruelty cases no summary was given and in the third a full, verbal summary was given. The Children's Bureau gave no summaries. In 1 case Phipps gave no summary; and in the other 2 full statements were given. Both the other hospitals gave some information.

**Treatment.** The treatment of the hospitals in all cases was along medical lines. In 7 of the cases received from the So-

ciety for Organizing Charity, it was found that the medical care extended to instruction, friendly interest and advice and in 1 case to convalescent care. Free prescriptions were frequently given. There were 2 cases in which glasses were necessary, which were purchased by the Society for Organizing Charity. In 1 of these cases the money for a needed brace was obtained by the social service department from another agency. The same is true of the Society to Protect Children from Cruelty cases. In all 3 of these the hospital social service department took medical interest, although in 1 case their interest amounted to supervision and they gave a pair of crutches in this case. The Children's Bureau cases received medical care. One of the Phipps cases was given intensive medical treatment by the social service department and was supplied with milk. In the other cases medical care was given, in 1 convalescent care.

#### 4. Did the Case Gain or Lose?

None of the 20 cases referred by the Society for Organizing Charity to the hospital service departments lost by the refer. The explanation of the success of these cases is simple and has already been pointed out as due to the fact that the hospital social departments did not attempt other than medical care nor did they interfere with the family work of the Society for Organizing Charity. In none of these cases did the social service departments have a previous contact to make their positions difficult. Because they knew of the interest of a family agency, they did not attempt to go into the family problem. Whether this is a good policy when the family problem is largely medical is a subject worthy of consideration and will be discussed under the Intake report. There is no denying, however, that it works out well from the point of view of the case. Some of the most successful cases read were those involving such medical work along with the general family work. It was necessary in these cases to call in a hospital social service department and to have the advice of such a department, but this advice was given through the referring agency. An example is a case in which the problem consisted of a father working steadily but making an insufficient income and drinking. There were five chil-

children in the family, one of whom was frail and one a cripple. These two children required much medical care and supervised treatment. All the investigation was done by the Society for Organizing Charity, and when the Society for Organizing Charity called in the hospital social service department, they gave them a written summary stating the family conditions. The hospital social service department then took up the medical side carefully, had a child admitted to a ward when necessary, urged an operation for the crippled child through the Society for Organizing Charity, and arranged convalescent care for a child through the Society for Organizing Charity. The hospital social service department followed up the health of both children, but did not get into direct contact with the family, always doing their work through the Society for Organizing Charity.<sup>1</sup>

All of the cases referred by the Society to Protect Children from Cruelty and the Children's Bureau could likewise be said to have gained by the refer. This was true also of the cases referred by the other social service departments. There was only one instance in which the advisability might be questioned. This was a case referred by Phipps to the Pennsylvania Hospital social service department. The woman had tuberculosis and was being treated at Phipps. Her husband was ill, but not tubercular, and was referred to the Pennsylvania Hospital social service department. This case gained in the sense that the man was given the needed care; but lost because both hospital social service departments visited, causing duplication, and the woman was somewhat inclined to go to both hospitals.

In this whole group of cases the referring is clear cut, simple and causes no complication. A question might be raised as to the use by the agencies of the social service departments for these often clerical functions. There can be no doubt that the cases in which advice and medical follow up are necessary fall within the function of the hospital social service. When the only need, however, is a doctor's opinion or a report on an old medical record, the question arises whether this is a hospital social service function.

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<sup>1</sup> For another example see Part II, Case 6, Page 135.



## CHAPTER IV.

### CASES REFERRED OR TRANSFERRED TO THE GIRLS' AID.

In the Girls' Aid we have another specialized agency, but a specialized agency differing from the hospital social service departments in that the cases referred or transferred to them are for intensive work with an individual in a family. We have seen that when medical social care is necessary, it is possible for the hospital social service department to give this through the agency in charge; its function in these cases becoming that of a specialist who gives advice for the general physician to carry out. It is difficult to see whether the same policy would be possible with the Girls' Aid, for it has never been tried out. One reason for this may be that medical work is so vital a part of general family work that it has never occurred to a general family agency not to undertake it, while intensive work other than medical, especially when it concerns a minor individual who is a member of a family, has not seemed an essential part of its function to the family agency. If the general family problem has cleared up, the case has been transferred to the specialized agency; if it is still necessary to handle the family question, the case has been referred, both agencies continuing their interest and working simultaneously often in close co-operation, but independently.

Twenty-five cases received by the Girls' Aid were studied: 6 referred and 19 transferred. Three of the referred cases came from the Society for Organizing Charity, and 3 from hospital social service departments. Fourteen of the 25 cases came from two family agencies, the Society for Organizing Charity and the Society to Protect Children from Cruelty, came from hospitals; 4 from the Travelers' Aid Society, and from the Children's Bureau. Although the number received from each agency is small, the questions involved are so different from those of the hospital social service departments, and the relationship of the agencies to the Girls' Aid on the basis

of function is so important, that it seems necessary to discuss the cases received from each agency as distinct groups.

**I. CASES REFERRED OR TRANSFERRED BY THE SOCIETY FOR ORGANIZING CHARITY TO THE GIRLS' AID.**

**1. Kind of Problem.**

The problems in these cases, referred as well as transferred, were complicated family problems; not perhaps of so intense a nature as the 3 cases received by the Society for Organizing Charity from the Girls' Aid, but, nevertheless, distinctly family problems, with a possible exception of 2. All, however, had a definite girl problem, usually intensifying the family situation. In 4 of the 7 cases the mother was a widow.

**2. The Work of the Society for Organizing Charity Before the Refer or Transfer.**

**Investigation.** The Society for Organizing Charity made no investigation in 1 case; in 4 some was made and in 2 a complete investigation was made before the refer or transfer. None of the cases had been known previously by the Girls' Aid. The Society for Organizing Charity had previous records on 4 cases investigated.

**Treatment.** In 4 cases the action of the Society for Organizing Charity was not other than investigation or interview. Three of these were transferred cases. Of the other 3 cases 1 was an allowance case with the Society for Organizing Charity, the family being that of a widow with five children, two of whom were girls of sixteen and eighteen with no social or recreational outlet. This was a typical case in which the family agency had not handled or been able to handle a special problem, although its work with the family in every other direction was intensive.

The length of service of the Society for Organizing Charity before calling in the Girls' Aid was in 4 cases under a month; in the other 3 cases, 1 was from one to three months, 1 three months to a year and 1 over a year.

**Reason for Refer or Transfer.** Four cases were transferred, 2 of which were cases in which the Society for Or-

ganizing Charity had previous unfavorable records or records which showed the family to be antagonistic toward the Society. Both these cases were reported to the Society for Organizing Charity by outside sources as specifically girls' problems and having a previous knowledge of the case (in one instance eight years back), they transferred the cases immediately without renewing contact with the family. The Girls' Aid had no record in either case. The other 2 transferred cases both contained predominating girls' problems and were transferred for protection or supervision.

In 2 of the referred cases the Girls' Aid was called in for supervision, and for the other, that of the widow's family above mentioned, they were asked to furnish recreation.

### **3. Relation of the Girls' Aid to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** Two of the cases received from the Society for Organizing Charity became not under care. In 1 instance the family was antagonized and in the other the Municipal Court became interested.

**Investigation.** In all 7 cases the Girls' Aid were furnished with summaries; in 4 instances full written statements, in 2 brief written statements and in the seventh a verbal statement, followed by a full written statement. In all but 1 case the Girls' Aid did some investigation, in 5 cases brief. Twice they reconsulted sources which had been previously consulted by the Society for Organizing Charity.

**Treatment.** The treatment of the Girls' Aid was not very intensive in any of the cases received from the Society for Organizing Charity. Two, however, did receive supervision; in 3 friendly interest was taken and advice given and in 1 temporary shelter was arranged.

### **4. Did the Case Gain or Lose?**

Of the 7 cases, 3 could be said to have lost, and in a fourth there was a question of loss. Only 1 case could be said to have actually gained, a case in which there was a clear girl problem and no conflicting interest. The 2 transferred cases already mentioned, in which the Society for

Organizing Charity had previous unfavorable records, both lost, and both curiously enough were referred back by the Girls' Aid to the Society for Organizing Charity. One case lost because, although the Society for Organizing Charity probably had justifiable grounds for making the transfer, the mother was antagonistic and resentful. A club was already interested in this family and undoubtedly too many people worked on the case. The Girls' Aid referred it to the Society for Organizing Charity because of a blind son in the family needing institutional care. It is probable, since the Girls' Aid was already interested in the girl, that this referring could have been avoided had the Girls' Aid gone a step out of their province. In the other case the girl herself resented the interference.

Another case lost because there was no problem in the beginning other than a girl problem, which the Society for Organizing Charity had been slow to recognize. In the fourth case the Society for Organizing Charity called in the Girls' Aid in what was a distinct family problem, from which the problem of an unmarried mother with two illegitimate children, living at home, could not be separated. The refer meant confusion. The work of the Girls' Aid on the case was good as far as arrangements went, but there was no reason why the Society for Organizing Charity could not have undertaken the whole.

## II. CASES REFERRED OR TRANSFERRED BY THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY TO THE GIRLS' AID.

### 1. Kind of Problem.

The Girls' Aid received 7 cases, all but one transferred, from the Society to Protect Children from Cruelty, the other family agency included in the study. In 6 of these cases there was a family problem as well as a girl problem. In 4 cases the mother was immoral and the home, for this reason, unsuitable. In 1 of the cases the mother was living with a paramour.

## 2. The Work of the Society to Protect Children from Cruelty Before the Refer or Transfer.

**Investigation.** In 5 of the 7 cases some investigation was made by the Society to Protect Children from Cruelty before referring or transferring, although a full investigation was not made in any case. There were 2 cases in which the Society to Protect Children from Cruelty had a previous record. No case was previously known to the Girls' Aid.

**Treatment.** In 6 of the 7 cases no action other than investigation or interview was taken by the Society to Protect Children from Cruelty. The only case receiving any treatment was the referred case. In this the Society to Protect Children from Cruelty tried to connect two children in the family with a Settlement House.

The length of service on the whole was short, as might have been expected, 5 of the 7 cases being known to the Society to Protect Children from Cruelty less than a month at the time of transfer.

**Reason for Refer or Transfer.** In all instances the transfer or refer was made for supervision, usually because the case appeared to the Society to Protect Children from Cruelty as one containing a special girl problem rather than a general family problem. The referred case was that of a girl of fifteen living in a bad home environment. This was referred for a plan for the girl.

## 3. Relation of the Girls' Aid to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** Only 1 case became not under care. This was because a deaconess was already interested and did not wish the Girls' Aid to take up the matter. The Society to Protect Children from Cruelty had talked to the deaconess but had not mentioned to her their intention of calling in the Girls' Aid. Had they consulted her, it is probable that the transfer would not have been made.

**Investigation.** All cases received from the Society to Protect Children from Cruelty were investigated by the Girls' Aid, full investigation being made in 5 of the 7 cases. Where *the Society to Protect Children from Cruelty* had made some

investigation, the Girls' Aid in all but 1 case reconsulted some of the sources. A summary was given by the Society to Protect Children from Cruelty in every case, in 2 instances verbal, in the remainder written.

**Treatment.** Three of the 7 cases received from the Society to Protect Children from Cruelty were given no treatment other than investigation by the Girls' Aid. One of these was the not under care case already mentioned; another was transferred to the Municipal Court because an aunt of the girl had made an application there; while in the third case the girl was lost before anything was accomplished. All the remaining 4 cases received more or less intensive treatment in the form of supervision, advice and medical care. One received temporary shelter in addition.

#### 4. Did the Case Gain or Lose?

Except for the case in which the deaconess was actively interested and which should not have been transferred to the Girls' Aid, only 1 case could be said to have actually lost. This was the case referred by the Society to Protect Children from Cruelty. At the time of the referring, the girl in question was temporarily away from home, but as soon as she returned, the Girls' Aid found it impossible to separate her from the involved family problem. The referring was probably a mistake. Both the Girls' Aid and the Society to Protect Children from Cruelty made a lengthy investigation, and although no consequent harm was evident, this resulted in duplication.

### III. CASES REFERRED OR TRANSFERRED BY MEDICAL AGENCIES (HOSPITAL SOCIAL SERVICE DEPARTMENTS AND THE VISIT- ING NURSE SOCIETY) TO THE GIRLS' AID.

The Girls' Aid received 5 cases from the hospital social service departments and 1 from the Visiting Nurse Society; 3 referred and 3 transferred. The case received from the Visiting Nurse Society was the only one in the group taken under care by the Girls' Aid.

### 1. Kind of Problem.

Three of the social service department cases came from the Hahnemann Hospital and 2 from the Pennsylvania Hospital. Of these cases, 3 were problems of unmarried girls performing abortions; another was that of a girl alone, suffering from melancholia; and the fifth that of a stranger in the city living without friends and supervision, having had two illegitimate children before coming to Philadelphia. The case was complicated by the serious physical condition of the girl. The problem in the case coming from the Visiting Nurse Society was that of a girl who, having given birth to twins, was forced into marrying the father of her children, but was unwilling to live with him. Her home environment was bad.

### 2. The Work of the Hospitals Before the Refer or Transfer.

**Investigation.** In 4 of the 6 cases no outside investigation was made before the refer or transfer. In 1, that of the stranger above mentioned, a thorough investigation had been made by the hospital and in another case a slight investigation was made.

Three of the cases were dealt with under a month before the Girls' Aid was called in, 2 from one to three months, and 1 over three months.

**Treatment.** In 2 cases the only action on the part of the Girls' Aid was an interview, while the remaining 4 received more or less intensive treatment. One received convalescent care, 2 medical care and careful supervision, while the fourth was given convalescent care, employment, supervision and a night's lodging, paid for by the hospital social service department.

**Reason for Refer or Transfer.** Four cases were reported to the Girls' Aid for supervision, 1 for recreation and 1 for temporary care in the shelter then conducted by the Girls' Aid.

### 3. Relation of the Girls' Aid to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** We have already said that the only case which became an under care case was the one referred by the Visiting Nurse Society to the Girls' Aid.

None of these cases coming from the hospitals became under care. The reason for this in the referred cases was, in one instance, because the hospital social service department asked only temporary care and although the problem was fundamentally a girl problem, the contact of the hospital was so strong that it seemed best for them to do the work on the case. In the other referred case recreation was the only help asked. The hospital's interest in the case was strong and the contact good. There was no need for the Girls' Aid to visit and it was an impossible task to furnish recreation in the case of a single girl under the care of another agency. This girl was suffering from melancholia and was, undoubtedly, a hospital social service problem. All 3 of the transferred cases were abortion cases. If they were not hospital social service problems, the hospital erred in waiting until the time of discharge to transfer the cases. In 2 of the cases the girls had disappeared, while in the third it was too late for the Girls' Aid to do anything as the girl had already made her own plans.

**Investigation.** The Girls' Aid made no investigation in 4 of these cases. In 1 they made a brief investigation and in 1, the under care case, a complete investigation. A summary was furnished the Girls' Aid in all 6 cases, in only 1 instance, written.

**Treatment.** The only case receiving any sort of intensive treatment was the under care case. Here employment was given, and instruction, advice and supervision were provided.

#### 4. Did the Case Gain or Lose?

It is obvious that most of these cases lost from the point of view of uselessly calling in another agency. This is true of all three abortion cases, not only because the Girls' Aid received needless applications, but because the girls themselves were lost through clumsy transfer. The under care case gained decidedly, although the question might be raised whether it was not a family rather than a girl problem.



#### IV. CASES REFERRED OR TRANSFERRED BY THE CHILDREN'S BUREAU TO THE GIRLS' AID.

Only 1 case was received by the Girls' Aid from the Children's Bureau. This was a transferred case and became under care.

##### 1. Kind of Problem.

The problem was an involved one. The mother and father were separated, the mother living at service. She was known to be immoral. There were four daughters, ranging in age from twelve to nineteen. The two older girls were of questionable morality, the third was inclined to be wild, and the little girl was suffering from tuberculosis. The case was reported to the Children's Bureau by a dispensary.

##### 2. The Work of the Children's Bureau Before the Refer or Transfer.

The Children's Bureau made an investigation and gave the case a very small amount of supervision, keeping it open for about six months, when they transferred it to the Girls' Aid for supervision of the four girls, who were then maintaining a home together.

##### 3. Relation of the Girls' Aid to the Case After the Refer or Transfer.

A full written summary was given by the Children's Bureau but some of the sources were re-consulted by the Girls' Aid, and additional investigation was made by them. The investigation caused no particular trouble, but was duplication. Some supervision was given and a friendly interest taken in the case by the Girls' Aid, who dealt with it about four months.

There was a question whether it was a good case for transfer. Certainly, if it was to be transferred, there seemed to be no doubt that the Children's Bureau should have transferred it much sooner than they did.

#### V. CASES REFERRED OR TRANSFERRED BY THE TRAVELERS' AID SOCIETY TO THE GIRLS' AID.

*Four cases were transferred by the Travelers' Aid Society to the Girls' Aid, 2 of which became under care.*

### 1. Kind of Problem.

Three of these were cases of girls in need of employment, one a stranger in the city; the other case was that of a runaway girl under bad influence.

### 2. The Work of the Travelers' Aid Society Before the Refer or Transfer.

**Investigation.** In 3 cases the Travelers' Aid Society made no investigation before transferring and in the fourth they made no investigation other than one home visit.

**Treatment.** Their action in all 4 cases was an interview only, length of service in every instance being under two months.

**Reason for Refer and Transfer.** Two cases were transferred for supervision and employment, and the remaining 2 simply for employment.

### 3. Relation of the Girls' Aid to the Case After the Refer or Transfer.

Twice the case became not under care because the service of an agency was not needed.

**Investigation and Treatment.** A brief investigation was made by the Girls' Aid in all 4 cases. In 3 this was their only action, while in the fourth case recreation was furnished and supervision given.

### 4. Did the Case Gain or Lose?

This latter case distinctly gained by the transfer. It was one containing a clear problem of 2 girls, strangers in the city, living in a bad neighborhood, dissatisfied with work and without friends. Of the other 3 cases, 1 may be said possibly to have gained. This was the case of a girl whom the Travelers' Aid Society found loitering in a station, claiming to be in search of employment. The interest of the Girls' Aid, at what might have been a critical time was probably good. The other 2 cases both lost because the services of the Girls' Aid were not wished. It is probable that the Travelers' Aid Society could have discovered this by going into the question with the girl before making the transfer.

## CHAPTER V.

### CASES REFERRED OR TRANSFERRED TO THE CHILDREN'S BUREAU.

We come now to the 72 cases received by the Children's Bureau from other agencies. As has been explained in the Society for Organizing Charity section, the Children's Bureau has two distinct departments, and the cases coming to those two departments vary in the kind of problem, and in the treatment needed. Many more cases are reported to the general department than to the Department for Mothers with Children. The following table shows the number of cases received by the Children's Bureau which were studied, the agencies from which they came and the department to which they went:

**TABLE XVII.**

	General Department	Department for Mothers with Children	Both Departments	Total
Hospital Social Service Departments.....	21	3		24
Visiting Nurse Society .....	1	1		2
Travelers' Aid Society .....	1	1		2
Girls' Aid .....	0	6		6
Bureau of Compulsory Education .....	5	0		5
Society for Organizing Charity .....	12	3	1	16
Society to Protect Children from Cruelty.....	15	2		17
	—	—	—	—
Total .....	55	16	1	72

Because the two departments differ so greatly in their function and therefore in their relation to other agencies, they will be treated separately in this report.

**I. CASES REFERRED OR TRANSFERRED BY THE HOSPITAL SOCIAL SERVICE DEPARTMENTS TO THE GENERAL DEPARTMENT OF THE CHILDREN'S BUREAU.**

Twenty-one cases were received by the general department of the Children's Bureau from hospitals, 20 referred and 1 transferred. These 21 cases came from the same social service departments that were included in the Society for Organizing Charity group.

**1. Kind of Problem.**

In all but 1 of these 21 cases received by the general department there was some kind of sickness problem. In 12 cases the mother was ill, but only 3 of these 12 cases were simple sickness problems. In others, we find the mother deserted, mother and father separated, father drinking and unemployment. Nevertheless, the predominating problem requiring the services of a child-placing agency rather than a family agency was the illness of the mother, temporary or permanent. In 3 cases the problem was that of a child who had been in a hospital and been discharged, but was unable to be returned home because of quarantine in the home. In 3 other cases there was a sick child. All 3 cases, however, contained other family problems.

**2. The Work of the Hospital Before the Refer or Transfer.**

**Investigation.** In 11 cases no investigation was done by the hospital social service department before the referring; 8 others received slight or partial investigation, and 1 complete. The remaining case, although it received no investigation at this time, had received a complete investigation previously. All of the 4 cases coming from the Pennsylvania Hospital social service department had received some investigation; 4 of the 7 coming from the University Hospital social service department and 1 coming from the Hahnemann Hospital social service department had received some investigation; none of the 3 cases received from Jefferson social service department had had any investigation nor had either of the 2 received from the Presbyterian Hospital social service department.

This point of investigation in the cases referred by the hospitals to the Children's Bureau for placement of children is an important one, bringing up as it does the question whether the hospital social service department or the Bureau should make the decision in regard to the necessity of removing a child or the arrangement to prevent the removal, if such an arrangement proves feasible. Often the contact of the hospital social service department with the family is slight so that the question of calling in a second agency does not enter strongly. On the other hand investigation may and often does save placement or show no necessity for it and then arises the question whether the contact of the Children's Bureau is justified.<sup>1</sup>

The Children's Bureau had a previous record in 4 cases, but in none of these did the hospital secure a summary from them.

**Treatment.** In 7 cases no action was taken beyond an interview and in the eighth case the only action was investigation. The remaining 13 cases received treatment. With one exception they were given medical care; 3 of them convalescent care. It is interesting that there was only 1 case in which medical care was the only treatment.

The length of service of the hospital social service departments varied. In 10 cases it was under a week, in 1 under a month, in 8 from one to three months.

**Reason for Refer or Transfer.** Ten of the 21 cases were referred for temporary care for child or children, and 10 for care, institutional or with the Children's Aid Society for a child or children. The 1 transferred case was transferred to secure temporary care for a boy. The hospital social service department in this case had been interested only in the boy and its service was completed.

### 3. Relation of the Children's Bureau to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** Four cases became not under care with the Children's Bureau. In 1 of these cases the application was withdrawn. In another, slight investigation arranged the matter. In 2 cases the family refused care-

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<sup>1</sup> For further discussion see Part II, Page 174.

**Investigation.** No investigation was made by the Children's Bureau in 3 of the 21 cases. In 1 of these, a partial investigation had been made by the hospital social service department and in the other a complete investigation had been made by them. The other cases received varying amounts of investigation, 5 receiving full investigation. In 4 cases the Children's Bureau reconsulted some of the sources which had been consulted by the hospital social service departments, and in 1 they reconsulted all of the sources. In 3 instances their investigation appeared to have been worth while, but in 1 case it was duplication and probably antagonized the source, while in another, although it showed the Children's Bureau they did not need to take any action, the investigation was duplication.

**Treatment.** In 5 cases no action was taken beyond investigation, while in 2 an interview was the only action. The children were placed, temporarily or permanently, in 10 cases, while in an eleventh case the child was placed with a relative. The remaining 3 cases received treatment in the form of friendly interest or advice. That is, in most of the cases where any treatment was given, the treatment followed out the reason for referring the case.

#### 4. Did the Case Gain or Lose?

In 7, or one-third, of the 21 cases referred to the general department of the Children's Bureau, the result of the referring was of doubtful value, or definitely a loss to the case. One of these cases lost because it was a distinct family problem of a deserted woman with three children. The only action the Children's Bureau took was to advise the woman to go to the Court of Domestic Relations. The Court of Domestic Relations referred the woman to the Juvenile Court. She appears to have been pretty much battered from pillar to post by not having reached the right agency in the beginning. In another case the hospital social service department thought the placement of a child not good, but the Children's Bureau from their investigation disagreed with this. Possibly had the hospital social service department held off a day or two, the referring would not have taken place. In

another case the child had been discharged from a children's hospital and its home was quarantined. The hospital social service department referred it for temporary care and wanted the Children's Bureau to make an investigation to learn if relatives could take the child. As it happened, a second hospital social service department was interested in the case, and taking the initiative, placed the child. Since the two departments had been in touch with each other, there seemed no excuse for the calling in of a third agency. Another case, perhaps the most important, although a somewhat exaggerated example, was that of a family which had been known to a hospital social service department for over a month and in which that department had taken an intensive interest, although no case work investigation had been made. The department arranged convalescent care for the mother who was very much in need of it, and then at the last minute when the mother was to go to the convalescent home, referred the case for care of the child. The Bureau refused to remove the child immediately without any investigation and antagonized the mother. Later when the Bureau was willing to act, she was unwilling to have the child placed. The result was that her stay in the convalescent home was much shortened. Since the hospital social service department had known the case as long as they had, and the woman had actually been in the hospital, there seemed no excuse for putting off the referral until the last minute. This is a thing that happens occasionally though not frequently in cases referred by agencies to the Children's Bureau and it may account for a slight feeling of antagonism which the Bureau records sometimes show toward the other agencies. If a case has been investigated by the referring agency, the Bureau should at least be given time to make a plan. If no investigation has been made, time should certainly be allowed the Bureau to make the investigation, except in the comparatively rare, real emergency cases. This brings us again to the question, who should make the investigation? In the seven cases referred to the general department of the Children's Bureau by hospital social service departments for care of children, on which hospitals had taken no more than a brief interview, only 2 cases actually had to be placed. In 3 of the remaining 5 cases the Bureau, by a slight investigation

was able to arrange with relatives or neighbors to care for the children.

#### **5. Cases Referred or Transferred More Than Once.**

There were 4 cases in this class. Two of these were twice referred for legitimate reasons by the hospital social service departments to the Children's Bureau. A third was referred by the hospital social service department to the Children's Bureau and after the young children had been placed, was later transferred by the same hospital social service department to the Girls' Aid for supervision of an older girl. Apparently this was a good transfer. The fourth case was referred by the hospital to the Children's Bureau for care for the younger children of a large family, the mother of which was in the hospital. The Children's Bureau, because they were unable to remove the children until the next day, referred the case to the Society for Organizing Charity for emergency relief. The Society for Organizing Charity sent emergency relief and closed their case. The case was a clear problem of removal.

### **II. CASES REFERRED OR TRANSFERRED BY THE VISITING NURSE SOCIETY TO THE CHILDREN'S BUREAU.**

One case was received by the Children's Bureau from the Visiting Nurse Society; this was transferred. The case was that of a tubercular mother, drinking husband, and two children needing to be provided for. No outside investigation was made by the Visiting Nurse Society, their only treatment being nursing. The Children's Bureau had not known the case previously. The case was transferred for care for two children. It was transferred to the Catholic Children's Bureau, after the Children's Bureau made a partial investigation.

### **III. CASES REFERRED OR TRANSFERRED BY THE TRAVELERS' AID SOCIETY TO THE CHILDREN'S BUREAU.**

One case was received from the Travelers' Aid Society by the general department of the Children's Bureau. This case was referred. The problem was that of a mother about to be confined, a stranger in the city, with no one to care for



her child. No investigation was made by the Travelers' Aid Society. They asked the Visiting Nurse Society to visit and arrange for hospital care for the woman, and took other general, friendly interest in her and the child. This case was not taken under care by the Children's Bureau because the woman would not accept the assistance of the Bureau. Slight investigation was made by the Bureau. Had the Travelers' Aid Society gone into the matter they would have learned that the woman was capable of making her own plans. As it was, she was antagonized by the visit of the Children's Bureau worker.

#### IV. CASES REFERRED OR TRANSFERRED BY THE BUREAU OF COMPULSORY EDUCATION TO THE CHILDREN'S BUREAU.

Five cases received by the Children's Bureau from the Bureau of Compulsory Education were studied; 3 referred and 2 transferred.

##### 1. Kind of Problem.

Three of these were cases of incorrigible or difficult children. The fourth was the case of a backward and probably feeble-minded child, and in the fifth case, the child was not receiving the proper care at home and was irregular in school attendance.

##### 2. The Work of the Bureau of Compulsory Education Before the Refer or Transfer.

**Investigation.** In all but 1 of these cases some sort of investigation was made by the Bureau of Compulsory Education before calling in the Children's Bureau. This usually consisted of securing information from the school, but in 1 instance a married sister was seen and in another the Society to Protect Children from Cruelty were consulted as to their record. Only 1 case was previously known to the Children's Bureau and they were not consulted in this instance.

**Treatment.** In 3 cases a mental examination was given the children at the instigation of the Bureau of Compulsory Education.

**Reason for Refer or Transfer.** In all 5 cases the Children's Bureau were called in to furnish care for the child.

**3. Relation of the Children's Bureau to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** Two of the 5 cases became not under care, both times because the mother was unwilling to have any action taken.

**Investigation.** The Children's Bureau made no investigation in 2 cases. In 2 they made a full investigation and in 1 a partial investigation.

**Treatment.** In only 1 case was care actually given, and this was temporary. In another case the child was put on probation because the mother did not wish him sent away (one of the not under care cases). In the third case the Children's Bureau were able to make satisfactory arrangements for the care of the child. It is probable that the Bureau for Compulsory Education could have made the same arrangements.

**4. Did the Case Gain or Lose?**

Although there was no very distinct gain by the calling in of the Children's Bureau for these cases, the refer or transfer was justifiable, and certainly made on a better basis than the cases received by the Society for Organizing Charity from the Bureau of Compulsory Education.

**V. CASES REFERRED OR TRANSFERRED BY THE SOCIETY FOR ORGANIZING CHARITY TO THE CHILDREN'S BUREAU.**

A study was made of 13 cases received by the general department of the Children's Bureau from the Society for Organizing Charity; 9 referred and 4 transferred. One of these cases went to the Department for Mothers with Children as well, but will be included here.

**1. Kind of Problem.**

The kind of problem varied in these 13 cases. Four of them were cases of desertion or separation. In 1 of these there was a difficult child and in 2 the mother was about to be confined. In the fourth case the parents were separated

and the mother shiftless. In 3 cases the mother was a widow; in 1 of these she had tuberculosis; in another she was high grade, feeble-minded and morose, while in the third case she was shiftless and the children were incorrigible.

In the remaining 6 cases there was a sickness problem. In 1, the father was evidently a mental case, though undiagnosed, and the mother slovenly; in another the father was syphilitic, the mother suffering from incipient tuberculosis, as were two of the six children, another child was sickly, and there was a question about the mentality of the oldest child. It is thus seen that the problems in all of these cases received by the Children's Bureau from the Society for Organizing Charity were complicated family problems.

## **2. The Work of the Society for Organizing Charity Before the Refer or Transfer.**

**Investigation.** The Society for Organizing Charity made some investigation, previous to referring or transferring, in all of the cases on which they called in the Children's Bureau. In 7 of these they made a partial investigation; in 4 a complete investigation; in 2 others a slight or partial investigation was made, but there had been investigation on previous applications.

**Treatment.** The Society for Organizing Charity made only an investigation in 3 cases before calling in the Children's Bureau. In one of these cases the mother was taken sick suddenly and the children were at home alone. The investigation of the Society for Organizing Charity was not complete, although the case had been active with them for five months. Another case the Society for Organizing Charity had known only four days; the mother was in a hospital. The third was a case in which the Society for Organizing Charity had a long previous record; it had been an allowance case. The case had been closed, however, for over two years. On receiving the application the Society for Organizing Charity made enough investigation to learn the present need, and on discovering it to be for placement, transferred the case at once.

The treatment of the Society for Organizing Charity was *intensive in most of the other cases*. Seven had received some

relief, although none had been a regular allowance case. In 7 cases medical care had been given. Others received advice, supervision, summer outing, and so forth.

In 6 cases the length of service of the Society for Organizing Charity was less than a month; in 3 it was from one to three months and in the remaining 4 over three months.

**Reason for Refer or Transfer.** All the cases were referred or transferred for care for a child or children, 6 for temporary care.

### **3. Relation of the Children's Bureau to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** Of the total 13 cases, 7 became not under care with the Children's Bureau; that is, over half the cases going to the general department became not under care cases. The reasons varied. In 1 case the Juvenile Court was interested and the Children's Bureau could not take the case up. The Society for Organizing Charity were certainly mistaken in referring this case. There was, first of all, doubt whether it was ever a placement case. Although the Society to Protect Children from Cruelty had a record, the Society for Organizing Charity did not consult them nor did they consult the Court of Domestic Relations, and still more important, they did not consult the Juvenile Court, which would have saved the referring. In the second case, the care asked for was thought unnecessary. From their point of view, the Society for Organizing Charity were justified in requesting it, but the Children's Bureau had the boy given a mental examination and the examiner was opposed to his being placed. A third case was undoubtedly one for temporary care but the father refused to permit the care to be given. In another case the mother was taken ill suddenly. This case the Society for Organizing Charity referred for placements before they had completed their investigation. When the Children's Bureau accepted the case, they requested the Society for Organizing Charity to make further investigation and it was found that relatives could care for the child. One transferred case became not under care. This was the case previ-

ously known to the Society for Organizing Charity in which they made a slight investigation on this application to learn the present need and discovered it to be distinctly a temporary placement problem. For no apparent reason the Children's Bureau did not take this case up. Another case was referred to the Children's Bureau because it might be necessary to have the children removed. The church was able to make arrangements. It was necessary for the Society for Organizing Charity to be sure of securing a place for the children, however, which fact probably justified the referring. The 1 case remaining was transferred by the Children's Bureau to the Catholic Children's Bureau.

**Investigation.** The Children's Bureau made no investigation in 10 of the thirteen cases. In the remaining 3 cases it made a brief investigation. The Society for Organizing Charity gave a very complete written summary on 2 of these cases. In 1 instance the Children's Bureau got in touch with two hospitals to learn the condition of the parents. Inasmuch as the Society for Organizing Charity would have given the information, this was needless. In the other, the Bureau reconsulted a relative to learn if he would care for the children. Since the Society for Organizing Charity had already done this, it was useless duplication. In the transferred case going to both departments, the Bureau consulted several sources which had not been consulted by the Society for Organizing Charity. The investigation was worth while and entirely justifiable. In all cases a summary was given to the Children's Bureau by the Society for Organizing Charity; a full written statement in all but 1 instance.

**Treatment.** Children were placed permanently or temporarily in 6 cases; 1 of these cases was handled also by the Department for Mothers with Children, while another going originally to the general department was later handled by both departments. There were 6 cases of interview or investigation only. All of these were not under care cases and have been discussed under that heading.

#### 4. Did the Case Gain or Lose?

Three cases could definitely be said to have lost from the *point of view of the effect on the family* and it is an im-

portant point that all 3 of these were transferred cases. One of these was a case with which the Society for Organizing Charity had dealt for a year, finally getting the mother, who was insane, into a hospital. At this point it became necessary to place the children, and since the mother was in the hospital the case was transferred to the Bureau for this. The children were given temporary care. Almost immediately after the mother went home, the child was returned to her (the second child died in care) and the case, although being a serious family problem, was followed up by no one. The Society for Organizing Charity evidently kept this case open a year realizing the need for a plan, but did nothing until a crisis arose. The reading of the records led to the conclusion that the case should have been referred or transferred at some point during the previous year, although the records lacked any definite information on which to base this conclusion.

The second case was one known to the Society for Organizing Charity only six days. The problem was that of separated parents, both shiftless and unreliable; the mother neglecting the children; three of the children in good homes with relatives, but an eight year old boy running wild. The Society for Organizing Charity made enough investigation to be convinced that it was a case for placement, and, therefore, transferred it to the Children's Bureau, sending a comprehensive written summary, containing the results of their investigation. The Bureau made no investigation, but worked with the church in reuniting the family. Instead of taking the case up as a placement problem, they took it up as a family problem and tried to adjust a situation which, if desirable to adjust, should have been left to a family agency.

The third case was that already twice mentioned, which the Society for Organizing Charity had previously known and transferred to the Children's Bureau because of a new situation at this application. The Children's Bureau failed to take it up.

The fourth case which might be said to have lost was the referred case which on further investigation revealed relatives able to provide the necessary care. This case was referred *a month* later by the Hahnemann Hospital social ser-

vice department to the Children's Bureau, the hospital social service department having neglected to consult the Society for Organizing Charity, which was still active. The Children's Bureau took the case up without consulting the Society for Organizing Charity, in spite of their previous experience. They reconsulted a relative who had already been consulted by the Society for Organizing Charity, and who had expressed indignation when the case had previously been reported to the Bureau, and who was quite willing to help. Had the hospital consulted the Society for Organizing Charity on this occasion, not only much needless work, but possibly bad results, would have been avoided.

VI. CASES REFERRED OR TRANSFERRED BY THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY TO THE CHILDREN'S BUREAU.

Fifteen cases were studied that were received by the general department of the Children's Bureau from the Society to Protect Children from Cruelty; 8 referred and 7 transferred.

We have a new situation in the relationship between the Children's Bureau and the Society to Protect Children from Cruelty. The Society to Protect Children from Cruelty not only supervise a certain type of cases but through their power of prosecution remove children from their homes. They use the Children's Bureau in two ways; first, they call them in on cases which are distinctly placement cases, as do other agencies. Their second use of the Bureau is more intricate and perhaps less clearly defined. If the Society to Protect Children from Cruelty are dealing with a case which is clearly one for forced removal of children, but one in which the parents or guardians voluntarily consent to placement, the case is turned over to the Children's Bureau, the Bureau taking it into court to secure a support order if this is necessary. If, on the other hand, the parents or guardian have refused to make voluntary placement, the Society to Protect Children from Cruelty take the initiative in court and secure the removal by prosecution. Although from this statement the line seems to be clearly drawn, it will be seen that actually this means a good bit of duplication of effort.

### **1. Kind of Problem.**

The cases were all family problems of the type we have already known the Society to Protect Children from Cruelty to handle. In 3 cases the father was a widower, and in all of these there were other social complications, such as sickness, drink or other character problems. In 3 more cases both parents drank. In 2 of these there was a question of the mother's morality and there was an incorrigible or uncontrolled child in the family. In another the mother presented a problem of abnormal mentality. In 4 cases, the mother was a drinking woman. In 1 of these, the father had deserted and the children were neglected; in another, the mother was living with a paramour. In another, the parents were separated, there was a question of the mother's morality and she was temporarily ill. In 2 cases, the father drank; and in 1 of these, the mother was a mental case. One of the cases was a problem of an imbecile mother, her imbecile sister, an unmarried mother in the family and neglected children. Practically all were problems not only of drink or immorality, but of broken families.

### **2. The Work of the Society to Protect Children from Cruelty Before the Refer or Transfer.**

**Investigation.** In all but 1 case investigation was made by the Society to Protect Children from Cruelty. In 7 instances, partial; in 1 slight at this time but previously complete; and in 6 cases, a complete investigation was made before the Children's Bureau was called in. The Children's Bureau had previous records in 6 of these 15 cases. In 2 of the 6 cases a summary had been secured from the Children's Bureau by the Society to Protect Children from Cruelty. The Society to Protect Children from Cruelty had previous records on 10 of the cases.

**Treatment.** No action other than investigation or interview was taken by the Society to Protect Children from Cruelty in 4 cases. All of the remainder received treatment. In 4 instances the children were given temporary care. Four cases were supervised. In other cases legal assistance was



given, the case was taken into court, medical care was given or friendly interest and advice.

In length of service the Society to Protect Children from Cruelty cases seem to have been equally divided between long and short time. Four cases they handled under two days, and 5 more under a month. Three received care from one to three months and 3 over three months.

**Reason for Refer or Transfer.** All cases received by the Children's Bureau from the Society to Protect Children from Cruelty were for care for children.

The treatment asked of the Children's Bureau by the Society to Protect Children from Cruelty seems to have been the same in the referred and transferred cases. When a case was transferred, however, it appears to have been done either on the basis of a permanent breaking up of the family which then required no further supervision on the part of the Society to Protect Children from Cruelty, or when the child in the family was the only problem. A case appears to have been referred when only temporary care was necessary because of the sickness of the mother or her temporary removal from the home, or when removal of one or two children did not solve the family problem, which was still under need of supervision. These lines of distinction are not clearly defined, but may be said in a general way to account for referring or transferring.

### 3. Relation of the Children's Bureau to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** Four cases became not under care with the Children's Bureau; all referred cases. Two of these were transferred to the Catholic Children's Bureau. In 1 the father refused a plan, and in the other, the family made their own plans.

**Investigation.** In 13 of the 15 cases received from the Society to Protect Children from Cruelty, the Children's Bureau made no outside investigation. In the remaining 2 they made a partial investigation, 1 of these cases not having been previously investigated by the Society to Protect Children from Cruelty. In 2 cases no summary was given. *In all but 2 of the remaining 13 cases, a written summary*

was sent. In 1 of these 2, the Children's Bureau read the Society to Protect Children from Cruelty record, while in the other the Society to Protect Children from Cruelty gave a brief, verbal statement.

**Treatment.** The children were placed, temporarily or permanently, in 12 of the 15 cases, in 3 instances through another agency. Two of the remaining 3 cases were referred cases. In 1 of them the Children's Bureau made a plan to place the children, but the father refused to accept it. In the other the father made his own arrangements. It is probable that the Society to Protect Children from Cruelty could have foreseen this and saved the referring; especially since the Children's Bureau had no previous record. The third case seemed like a problem for removal; but the Children's Bureau dropped the case for no apparent reason and since it had been transferred by the Society to Protect Children from Cruelty, neither removal nor supervision was attained.

#### 4. Did the Case Gain or Lose?

It is readily seen that in these cases in which the placement of children was necessary and their placement was obtained by the refer or transfer, the case gained. We do not, therefore, find the same kind of loss that we had seen in other groups of cases. Nevertheless, there must be a lack of adjustment in these cases which so frequently had previous records with both agencies. The Society to Protect Children from Cruelty knew 10 cases previously and the Bureau had previous records on 6 cases. In 2 of the 5 cases known previously to both agencies, the information of the Children's Bureau was slight. In the remaining 3 cases their work had been intensive; in 2 of the 5 the Society to Protect Children from Cruelty had done no work beyond an investigation. One of these cases had been a placement case with the Bureau while in the other advice had been given and service offered. The 2 cases known at length to both agencies were serious family problems. In 1 of them both parents drank, while in the other there was an insane mother and a drinking father. The first of these cases had been previously transferred to the

Bureau by the Society to Protect Children from Cruelty, and temporary placement had been given. This case was not only known to the Society to Protect Children from Cruelty, and to the Bureau but to the Society for Organizing Charity, the Court of Domestic Relations and several hospital social service departments. The second case had likewise been previously referred to the Children's Bureau and the children had been placed. In this case there had been much duplication straight through, partly because the Society to Protect Children from Cruelty referred it for placement each time it came up and partly because the Children's Bureau reconsulted sources in the early history of the case. The function of the Children's Bureau in these cases seems to be that of a middle-man. In most instances this results in no bad effect on the family, since the contact of the Children's Bureau is usually slight, but from the point of view of the Children's Bureau as an agency, the question arises whether such use of them is justifiable.

## CHAPTER VI.

### CASES REFERRED OR TRANSFERRED TO THE DEPARTMENT FOR MOTHERS WITH CHILDREN OF THE CHILDREN'S BUREAU.

A study was made of 16 cases received by the Department for Mothers with Children of the Children's Bureau from other agencies. These agencies, with the exception of the Bureau of Compulsory Education, were the same as those referring or transferring cases to the general department. It is needless to outline here the general function of this department of the Bureau, it having been discussed in other portions of the report.<sup>1</sup>

It should be remembered, however, that at the time this study was made, this department was not looked upon as a highly specialized agency doing intensive case work. It had become a sort of general placement department for any mother with a child, though specially emphasizing work with unmarried mothers.

#### I. CASES REFERRED OR TRANSFERRED BY THE HOSPITAL SOCIAL SERVICE DEPARTMENTS TO THE DEPARTMENT FOR MOTHERS WITH CHILDREN.

This division includes 3 cases received from hospital social service departments; 2 transferred and 1 referred.

##### 1. Kind of Problem.

In 2 of these cases there was a problem of illegitimacy; 1 was a married woman with an illegitimate child, and another an unmarried mother of questionable morality. The third case was that of a deserted mother.

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<sup>1</sup> See Page 35, "Cases Referred or Transferred by the Children's Bureau to the Society for Organizing Charity."

## **2. Work of the Hospital Social Service Departments Before the Refer or Transfer.**

**Investigation.** No outside investigation was made in 1 of the 3 cases, and slight or partial in the other 2. One case was known previously to the Bureau.

**Treatment.** All of the 3 cases sent to the Bureau by the hospital social service departments received treatment from them before the Bureau was called in. In 1 instance temporary shelter was given the mother and child. The second received medical care, instructions, advice and milk. In the last case very intensive treatment was given in the form of medical care, assistance along legal lines, employment, convalescent care, supervision, temporary shelter given the mother with her child, clothing, board and free prescriptions.

One of these cases received treatment under one month, and the other 2 over three months before the Bureau was called in.

**Reason for Refer or Transfer.** Of these 3 cases, 1 was transferred for a plan for the mother with an illegitimate child, the second was transferred for a service place for a mother and child, and the third was referred for care for a mother with her illegitimate child. This last was the case to which the hospital social service department had given the intensive treatment above described. They dealt with the girl for a year, and their plan had been a failure, owing to her high grade feeble-minded condition, her emotional make-up, and her inability to keep work. The hospital social service department record stated that they had referred the child to the Society for Organizing Charity for relief and were told by them to refer the case to the Children's Bureau.

## **3. Relation of the Children's Bureau to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** These 3 cases became under care.

**Investigation.** All 3 received some investigation at the hands of the Children's Bureau. In 2 instances the Bureau reconsulted some of the sources already consulted by the hospital social service department. In 1 case this investigation was pure duplication, possibly antagonizing the source.

**Treatment.** The 3 cases were given some care by the Children's Bureau, and in 2 of them medical care was included with the other treatment. The referred case which had received such long treatment from the hospital, received intensive treatment for over a year from the Children's Bureau. The girl was given a mental examination in an attempt to prove her eligible for an institution for feeble-minded. Her child was placed temporarily and both she and the child were given temporary shelter.

#### 4. Did the Case Gain or Lose?

Only 1 of these 3 cases may be said definitely to have gained. Since this case was essentially a family problem it would not now, under the reorganization of this department, be transferred to them but probably instead to the Society for Organizing Charity, where it really should have gone. The referred case has been mentioned. This was referred because the hospital social service department, after a year's trial, had been unable to make any headway with the situation, and there had been no medical work necessary for some time. There is a question whether a transfer should not have been made at an earlier date. Certainly there seemed no reason for a refer at any time. The third case fell between the two agencies because the hospital social service department made a hasty, temporary placement, and the Bureau failed to take hold of a knotty problem. The case was that of a married woman with an illegitimate child. There is a question whether it should not have gone to a family agency.

## II. CASES REFERRED OR TRANSFERRED BY THE VISITING NURSE SOCIETY TO THE DEPARTMENT FOR MOTHERS WITH CHILDREN OF THE CHILDREN'S BUREAU.

One case was received by this department of the Bureau from the Visiting Nurse Society. This was referred. The problem was that of a mother with an illegitimate child, living immorally and in bad surroundings. The Bureau had not known the case previously. The Visiting Nurse Society referred this case to the Bureau for a plan.

The case became not under care with the Bureau. The

Bureau made an investigation, took the baby to a dispensary, and urged a plan. This was unquestionably a proper case for calling in the Bureau.

### III. CASES REFERRED OR TRANSFERRED BY THE TRAVELERS' AID SOCIETY TO THE DEPARTMENT FOR MOTHERS WITH CHILDREN OF THE CHILDREN'S BUREAU.

The Travelers' Aid Society transferred 1 case to this department. The problem was that of a deserted woman with an illegitimate child, in need of employment. The Travelers' Aid Society made no investigation before calling in the Bureau. It likewise gave no treatment, simply taking an interview, after which the case was transferred for a plan. This case became not under care with the Bureau, which, however, made some investigation and placed the girl at service with her baby. The case gained by the transfer for this reason, although no attempt was made by the Bureau to solve the family problem.

### IV. CASES REFERRED OR TRANSFERRED BY THE GIRLS' AID TO THE DEPARTMENT FOR MOTHERS WITH CHILDREN OF THE CHILDREN'S BUREAU.

About January, 1916, it was decided that the Girls' Aid, although a specialized agency dealing with girls, should not handle unmarried mothers, since the Mothers with Children Department of the Children's Bureau were equipped to do this. From this time on the Girls' Aid turned over any new applications they received involving an unmarried mother, to the Children's Bureau. In addition to this they transferred certain active cases with which they had been dealing, and in which they had a personal contact. In most of these cases the worker who had handled the case was no longer with the Girls' Aid, so that one link in the contact had been broken. These cases received by the Bureau from the Girls' Aid, although few, form a group entirely different from any other records studied. The transfer was a deliberate thing. It was done, presumably, on the basis of function, without duly considering the individual case, because of a rule set down by

**an agency.** It is the only example we have of a deliberate, **thought-out policy of transfer.** The results are worthy of **note.**

Altogether 6 cases went from the Girls' Aid to the Children's Bureau; 2 referred and 4 transferred, 1 of the referred cases later becoming transferred. All of the transfers took place essentially because of the policy above mentioned.

### **1. Kind of Problem.**

In 5 of the 6 cases the problem was that of an **unmarried mother.** The other problem was that of an **unhappy, forced marriage;** the parents, both under twenty, seldom lived **together** and were of questionable morality.

### **2. Work of the Girls' Aid Before the Refer or Transfer.**

**Investigation.** The Girls' Aid made a complete investigation before the Children's Bureau received the case in 4 of the 6 cases. In the fifth case they had made a partial investigation on a previous application. Their record had been closed over a year at the time of this application when they learned that the girl was an unmarried mother. They transferred the case at once because of the agreement, without even an interview. In the sixth case a complete investigation was made, except that the summary of the Society to Protect Children from Cruelty had not been secured. The Children's Bureau had a previous record in just 1 of these cases, and was consulted by the Girls' Aid in that.

**Treatment.** Except in the case above mentioned in which not even an interview was taken, all the cases received treatment from the Girls' Aid before the Children's Bureau was called in. This treatment was intensive in every instance. It included legal aid, temporary shelter, employment, medical care and advice, sometimes a combination of all. The 1 case already mentioned was transferred immediately; in the other cases the length of service varied. In 2 cases it was about 4 months; in 2 it was over six months, while the Girls' Aid dealt with the sixth case over a year before the transfer was made.

**Reason for Refer or Transfer.** As has been pointed out,



the real reason for calling in the Children's Bureau in these cases was the newly formed policy. This was the only cause given in 4 cases, while the remaining 2, both referred, but 1 later transferred, were referred for service places.

### 3. Relation of the Children's Bureau to the Case After the Refer or Transfer.

Only 1 case became not under care. This was the referred case in which the girl was unwilling to take a service place. As the Girls' Aid had known the case some months and did not intend relinquishing their interest, they could undoubtedly have discovered this and saved the refer.

**Investigation.** A full investigation was made by the Children's Bureau in the case that had not been recently investigated by the Girls' Aid. In 2 cases the Bureau made no investigation, while in the remaining 3 cases some investigation was made. This investigation, of course, meant a reconsulting of sources. In 2 of these cases, reinvestigation was pure duplication. In the case of immediate transfer no summary was given by the Girls' Aid. In all of the other cases full summaries were given containing complete information. In 2 instances the Children's Bureau read the Girls' Aid records. The fact of these full summaries seems to leave no excuse for the reinvestigation of the Children's Bureau except in the case of a new source appearing or a new situation making it necessary.

**Treatment.** As we have said, in 1 referred case no treatment was given by the Children's Bureau. In the other referred case, a service place was secured, and on the later transfer more or less supervision was given. Some treatment was given in the other cases, but of a superficial kind, and in no case can it be said that intensive work was done.

### 4. Did the Case Gain or Lose?

The question of deliberate transfer in these difficult problems when the Girls' Aid had a good previous contact was a very important one; and although the cases are so few the result is noteworthy. Before discussing this several things *should, in justice*, be pointed out. The Girls' Aid at the time

of these records was an agency doing a high class of intensive case work, while the Children's Bureau had grown to be little more than a service department. It was almost a foregone conclusion that these cases, from the point of view of the case, could not gain. Although there is much doubt of the advisability of the plan of transfer when strong contact is formed, it would be interesting to know what the result on these cases would have been had the Children's Bureau been the intensive case working agency it has become since its reorganization, and had the transfers been made in such a way as to continue the contact.

Not one of the 6 cases really gained. The referred case need not be mentioned here. The Girls' Aid were, no doubt, justified in transferring the case with which they had no contact for nearly two years, and in which the problem had materially changed. This case lost by the transfer simply because the Children's Bureau did not take hold. Another transferred case seemed not to have been particularly affected. It was given some supervision by the Children's Bureau, but there was no special problem. In the case of the unmarried mother the girl was antagonistic toward the Girls' Aid, and the Girls' Aid were probably justified in thinking a transfer would be well. However, since a hospital social service department was already interested, the advisability of calling in still another agency was exceedingly doubtful, especially as the girl was friendly toward the hospital. In another case the Girls' Aid had a record of over a year's standing and their contact was very strong. The Children's Bureau had a previous record on this case, with no strength of contact, however. From the point of view of the girl, the transfer was a decided loss. The sixth case was one on which there was one refer and two transfers. The problem was that of a high-grade feeble-minded, unmarried mother, given to petty thefts, but very tractable. At the time of the refer she was living away from home, and her family refused to receive her child. Later she was at home; her father, a widower, was a drunkard and abusive, unwilling to send her to an institution, and the other children in the family were unhappy and afraid of the father. After the Girls' Aid had known the case, which was reported *to them by the Society for Organizing Charity*, for about six

months, they referred it to the Children's Bureau (before the change of policy) for a service place, with the distinct understanding that the responsibility of the case still rested with the Girls' Aid. The service place was given and the only harm resulting was that the girl did not, while at service, receive the supervision which she needed. When she gave up her service place, the Children's Bureau closed their record. Two months later, however, in accordance with the new agreement, the Girls' Aid transferred this case to the Bureau. This was most unfortunate because the girl was unfriendly toward the Children's Bureau on account of her service experience. Four months later, when the girl's baby died, the Children's Bureau transferred the case back to the Girls' Aid. They did this partly on the basis of the Girls' Aid's previous interest and partly because they realized their own failure. After the transfer, however, it seemed impossible for the Girls' Aid to overcome the loss caused by their previous transfer, and the case drifted. In a case of this sort it is doubtful whether even a good transfer to a responsible agency could have outweighed the strength of contact.

V. CASES REFERRED OR TRANSFERRED BY THE SOCIETY FOR ORGANIZING CHARITY TO THE DEPARTMENT FOR MOTHERS WITH CHILDREN OF THE CHILDREN'S BUREAU.

Three cases were studied under this heading; 2 referred and 1 transferred.

1. Kind of Problem.

In 2 cases the problem was that of a deserted mother with a child. These were both referred cases. The transferred case was the problem of a married woman, separated from her husband for five years, the mother of an illegitimate child.

2. The Work of the Society for Organizing Charity Before the Refer or Transfer.

**Investigation.** Partial investigation was made in two of these cases by the Society for Organizing Charity, and in the *third, complete investigation.*

**Treatment.** All 3 cases received some treatment. The referred case, that of a married woman with an illegitimate child, was given medical care, and temporary shelter was secured for the mother and child; some relief was given. Of the 2 referred cases, 1 received temporary relief, while the other received a small amount of relief and medical care. In 2 of the 3 cases the treatment of the Society for Organizing Charity was less than a month's duration, while in the third, or transferred case, it was under two months.

**Reason for Refer or Transfer.** The Children's Bureau was called in in all 3 cases to secure service place for the mother and child.

3. **Relation of the Children's Bureau to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** These 3 cases became under care with the Children's Bureau.

**Investigation.** In 2 of the 3 cases the Children's Bureau made no investigation. In the other 2 they reconsulted sources. This was the only investigation they did in the transferred case, and they gained nothing by it. In the second case, while the investigation caused no harm, they gained nothing more than the Society for Organizing Charity had already obtained. Since the Society for Organizing Charity had given a complete written summary including all but 2 of the sources, which they had not as yet been able to consult, the investigation of the Children's Bureau amounted to mere duplication. In all cases a summary was given to the Children's Bureau by the Society for Organizing Charity.

**Treatment.** In 2 of these 3 cases service places were secured for the mother and child, and in the third case service was offered, but refused, and temporary care was given. It is noteworthy that there was a problem of illegitimacy in only 1 of these cases, and since the reorganization of the Bureau, this would have been the only case with any possibility of acceptance by this department. The chances are that even this case would not have gone to them. This was a case arousing much discussion in the Intake Committee.<sup>1</sup> It involved the

<sup>1</sup> For full summary and discussion see Part II, Case 18, Page 15A.

problem of the woman, separated from her husband for five years, who had a legitimate child five years old, and an illegitimate baby. She had lived with her family until the birth of the illegitimate child, when her father turned her out.

#### 4. Did the Case Gain or Lose?

None of these 3 cases could be said to have lost by the transfer, and in a sense, they all gained because the treatment which had been planned was carried out.

### VI. CASES REFERRED OR TRANSFERRED BY THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY TO THE DEPARTMENT FOR MOTHERS WITH CHILDREN OF THE CHILDREN'S BUREAU.

Two cases received by this department from the Society to Protect Children from Cruelty were studied, both of which were referred.

#### 1. Kind of Problem.

These cases contained problems of unmarried mothers. In 1 instance the Society to Protect Children from Cruelty was interested in the whole family, and the problem centered about a cruel, drinking father, who did not support his family. The oldest daughter had an illegitimate child. The second case was that of a girl who had been a ward of the Society to Protect Children from Cruelty for four years, when she became an unmarried mother.

#### 2. The Work of the Society to Protect Children from Cruelty Before the Refer or Transfer.

**Investigation.** A complete investigation had been made by the Society to Protect Children from Cruelty in both cases. The Children's Bureau had not known either case previously.

**Treatment.** In the case of the girl with whom they had dealt for four years, the treatment of the Society to Protect Children from Cruelty had been intensive. She had been given medical care, and the case had been taken into court. The girl had been given shelter care. She had been placed at service *and had received supervision.* In the other case the girl had *been taken into court to prosecute the father of her child.*

### 3. Relation of the Children's Bureau to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** The case of the girl who had been a ward of the Society to Protect Children from Cruelty became not under care with the Children's Bureau because immediate action was not necessary. This case was referred a second time several months later when the Children's Bureau took it up.

**Investigation.** No investigation was made by the Bureau in either case.

**Treatment.** The treatment of the Children's Bureau in 1 case was to offer a position to the girl. Her family, however, adjusted the matter, and nothing was done. The other case which became not under care has already been alluded to. The girl was sick at the time and could not be placed, so the Children's Bureau closed her record. A month later, when the girl recovered, the Society to Protect Children from Cruelty reapplied. The Children's Bureau secured employment for the girl and assisted her in taking her case into court.

### 4. Did the Case Gain or Lose?

Neither of these cases can be said to have lost by the refer which, in both instances, was justifiable on the basis of the kind of problem. Since 1 case really involved a family problem with which the Society to Protect Children from Cruelty was dealing, there is a question if they were wise in attempting to have the girl dealt with by another agency.

## CHAPTER VII.

### CASES REFERRED OR TRANSFERRED TO THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY.

Seventy-nine cases received by the Society to Protect Children from Cruelty, the second family agency, were studied. Their place as a family agency in relation to the cases referred or transferred to other agencies has already been discussed. What we hope to show here is the use of the Society to Protect Children from Cruelty by other agencies, particularly the distinction made between the Society to Protect Children from Cruelty and the Society for Organizing Charity.

The following table shows from what agencies the cases came to the Society to Protect Children from Cruelty:

**TABLE XVIII.**

Hospital Social Service Departments .....	25
The Visiting Nurse Society .....	4
The Bureau of Compulsory Education .....	15
The Travelers' Aid Society .....	2
The Girls' Aid .....	5
The Children's Bureau .....	6
The Society for Organizing Charity .....	22
	—
Total .....	79

#### I. CASES REFERRED OR TRANSFERRED BY THE HOSPITAL SOCIAL SERVICE DEPARTMENTS TO THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY.

##### 1. Kind of Problem.

We have seen in the study of cases received by the Society for Organizing Charity from hospital social service departments that the cases could be divided into five distinct groups, all involving family problems; but a large number of them family problems with a predominating medical problem. We find a very different situation in this group of 25 cases received by the Society to Protect Children from Cruelty

from hospital social service departments. In all but 3 cases the problems may be said to fall into the fifth group as used in the cases referred by social service departments to the Society for Organizing Charity; that is, the group of general social problems with an incidental medical problem. Even in these 3 cases there were difficult secondary problems. In 1 the mother had tuberculosis and had recently returned from a sanitarium. Her husband, a man of questionable morality and mentality, was the real problem confronting both agencies. He refused adequately to support his family, thus causing his wife's newly gained health to fail. The second case was that of a syphilitic mother, unintelligent and unable to control her children, of whom two were syphilitic. The third case was probably the most clear cut medical problem in the whole group. It was that of a child in need of after-care for infantile paralysis. It was not, however, the care of the child that caused the need for social action, but the lack of cooperation of the mother in seeing that he received treatment.

There seems little need of giving in detail the kind of problem in the remaining 22 cases. They were, for the most part, what might be called typical Society to Protect Children from Cruelty cases. In 1 case the father and mother were separated, both living immorally with paramours; the father tubercular and syphilitic; and the child, who was syphilitic, cared for by a relative. In another case, the parents were separated, and a girl of thirteen was running wild without supervision and was of questionable morality; a child of eight had a bad school record, and a boy of four was a cretin. The poor health of the mother was purely incidental. In another case the father, a cocaine user, was an irregular worker and ill-treated his wife, who was afraid of him. Thus it appears that all the problems were of an involved family type, usually such as would fall to the lot of a family agency to deal with, but with one particular outstanding fact; they did not involve the need for relief.

In 7 cases the hospital social service departments were interested only in the medical problem, while in the remaining 18 cases their conception was of the problem as a whole.



## 2. The Work of the Hospital Social Service Departments Before the Refer or Transfer.

**Investigation.** In the group of cases received by the Society for Organizing Charity from the hospital social service departments we have seen that little or no investigation was done by the departments before the referring or transferring. The same thing holds true in these cases, although a larger proportion of the cases received some investigation. Eleven cases received no investigation, or none beyond a home visit; 13 received some investigation, while only 1 received a complete investigation. The Society to Protect Children from Cruelty had a previous record in 15 of these 25 cases. In 6 instances a summary was not secured from them by hospital social service departments in the course of their investigation or before referring or transferring.

**Treatment.** There were 4 cases in which the only action taken by the hospital social service departments was an investigation or an interview. In the remaining 21 cases some treatment was given. Practically all received medical care, but the action of the social service departments usually went beyond this. In a few cases intensive treatment was given by the departments much the same as was given in the type of family problems that they referred to the Society for Organizing Charity. Practically no relief was given excepting in the form of free prescriptions, but it must be remembered that the problems in these cases were usually not such as to involve the need for relief. Many cases were given supervision; convalescent care was arranged in 2 instances; summer outing in another. In 1 case, in addition to some medical treatment given the mother, father and two children, one of the children was placed in a convalescent home, another child referred to the Children's Bureau for temporary placement, car fare was given, milk obtained through another agency, and eye-glasses procured. In another case (probably the case receiving the most intensive treatment of any hospital social service department case) in addition to the medical care for which the need was slight, very intensive family work was

attempted by the department. This case was one of the most involved of any studied and will be fully discussed below.

The length of service varied although the largest number of cases was dealt with a comparatively short time, 21 of the 25 cases receiving less than three months' care, and 14, over one-half, less than one month's care before the Society to Protect Children from Cruelty was called in; only 2 received service of over one year.

**Reason for Refer and Transfer.** Four cases were referred in order to force the proper care for children; 2 of these on the basis of the previous record of the Society to Protect Children from Cruelty. Seventeen cases were referred or transferred because of the kind of problem, that is, because they were the type of family problem needing Society to Protect Children from Cruelty family care. One case was referred and 1 transferred for investigation. In the transferred case the transfer was made on the basis of a refer more than a year previous, which the same hospital social service department had made to the Society to Protect Children from Cruelty. One case was referred and 1 transferred for supervision; the transferred case was the Percy<sup>1</sup> case already mentioned. The transfer was made at this time, because the hospital had apparently failed. This case was transferred once, and later three times referred by the University Hospital to the Society to Protect Children from Cruelty.

The problem was originally that of a mother gradually deteriorating and drinking heavily; the father selfish, possibly immoral, the children at various times in need of minor medical attention. The hospital social service department had known this case previously and given it intensive treatment and supervision. The case was re-opened there by a personal application in July, 1914, and the department worked on it until November, 1915. The medical need amounted to nothing; the family problem, however, was intensive. The hospital social service department had placed the mother in a correctional institution and when she came out had given

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<sup>1</sup> See also Part II, Case II, Page 143.

her convalescent care in two institutions. They had interested the priest in her, arranged care for children with relatives, supervised, and tried to re-establish the home, working with both parents. The only relief was in the form of a loan, repaid. In November, 1915, however, conditions were bad because of drink and the hospital social service department, after its long effort with very strong contact and personal interest, having apparently failed, it seemed at this time as if a new influence with a power of prosecution might be good. The hospital, therefore, transferred the case to the Society to Protect Children from Cruelty. The Society to Protect Children from Cruelty had a previous record of just a day's standing on which the only work had been slight investigation. The interest of the hospital had then been discovered and the case had been left with them. The Society to Protect Children from Cruelty supervised the case from the date of the transfer until March, 1916, when they closed their record. At this time the family was broken up. However, a few days later, when the woman came out of the institution where she had been placed, she went at once to the hospital and they again took up the case, soon referring it to the Society to Protect Children from Cruelty because they thought that one of the children, who was with a relative, was in improper surroundings. The Society to Protect Children from Cruelty supervised for a short time, arranged proper care for the child and closed their record. The hospital social service department continued their intensive interest. They not only gave what medical care was necessary but also furnished convalescent and temporary care for the mother and children and again re-established the home. Less than three months later, the mother was again drinking and the hospital once more referred the case to the Society to Protect Children from Cruelty. On this occasion the referral amounted to a transfer inasmuch as the Society to Protect Children from Cruelty broke up the home and the hospital social service department closed their record. Three months later the woman again applied to the hospital; she was out of the correctional institution where she had been placed, anxious to re-establish her home, herself doubtful of being able to give up drink. The department gave the mother and one of the children needed

medical care of a minor sort, secured employment for the mother, at which she made good for a time, sent the children for a summer outing and took a general friendly interest in the family for nearly a year. At this point the mother died suddenly, the father was drinking and the children were unprovided for, and the hospital referred the case to the Society to Protect Children from Cruelty largely on the basis of the latter's previous interest.

The fact should again be emphasized here, that the Society to Protect Children from Cruelty had previous records on 15 of the 25 cases received from the hospitals, and it may, therefore, be said that the reason for refer or transfer is obvious.

### **3. Relation of the Society to Protect Children from Cruelty to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** Seven of the 25 cases received from the hospital social service departments became not under care with the Society to Protect Children from Cruelty. One of these was transferred and the rest referred. Three of them were cases in which the Society to Protect Children from Cruelty had a previous record, in all instances slight. In 1 case the Society to Protect Children from Cruelty was not able to locate the family; this the hospital social service department could not foresee and the kind of problem undoubtedly justified the refer. Two of them were cases referred to enforce proper care for children. In neither of these did the Society to Protect Children from Cruelty have a previous record. In 1 instance the Society to Protect Children from Cruelty did not consider the case a problem for them; the family was already being visited by two hospital social service departments and a third visitor was hardly justifiable. Had the department which made the refer consulted the other department they would have learned that there was no problem for the Society to Protect Children from Cruelty. In the other case the Society to Protect Children from Cruelty simply secured the promise of the mother to take the child to the dispensary and dropped the case. The result in this instance was

interesting. The mother, due to the advice of the Society to Protect Children from Cruelty, was somewhat more regular in taking the child to the dispensary. The threat of the hospital social service department to call in the Society to Protect Children from Cruelty, which had previously resulted in the mother's bringing the child to the dispensary, lost weight however, when the Society to Protect Children from Cruelty dropped the case without actually enforcing the care of the child upon the mother. In the fourth case the Society to Protect Children from Cruelty found that the conditions did not warrant their taking up the case. They had a very brief record on this case in which their only action had been to consult the agencies interested. The hospital social service department before referring, not only failed to consult the Society to Protect Children from Cruelty as to their record but did not consult either the Court of Domestic Relations, the Society for Organizing Charity or a settlement, all of whom were interested. The Court of Domestic Relations was active at the time, and had the hospital social service department consulted them the referring would undoubtedly have been saved. In the fifth case, a case in which the Society to Protect Children from Cruelty had a previous record, the Juvenile Court was found to be active. The referring mother have been justified on the basis of the previous record, though if the social service department had consulted the Society to Protect Children from Cruelty as to their previous record, they might have learned of the court's interest. In the sixth case, a girl of seventeen was somewhat neglected by her step-mother and not given proper instruction in personal hygiene. This scarcely seemed like a case for the Society to Protect Children from Cruelty, and if it was not one for the hospital social service department to adjust, it should preferably have gone to the Girls' Aid, although in reality the problem was too slight to justify any referring. In the transferred case the Society to Protect Children from Cruelty found nothing to follow up. The problem was that of a mother, nineteen with an illegitimate child. The child was in bad physical condition and the mother not persistent in getting proper medical care. This was rather a problem for the

Department for Mothers with Children of the Children's Bureau, than for the Society to Protect Children from Cruelty.

**Investigation.** No investigation was made by the Society to Protect Children from Cruelty in 4 cases, 3 of which were not under care cases. In all the remaining cases an investigation was made. In all but 1 case some summary was given by the hospital on referring or transferring the case; in 7 cases, written.

**Treatment.** In 4 cases the only action of the Society to Protect Children from Cruelty was an investigation and in 1 an interview only was taken. In the remaining cases their treatment varied. They placed children or arranged care for children in 3 instances; usually, however, their main treatment was supervision.

#### 4. Did the Case Gain or Lose?

Ten cases can be said distinctly to have gained, while most of the others were not particularly affected one way or the other. There were 4 cases which could be said possibly to have lost. Two of these were among the not under care cases already discussed. In another case the referring was undoubtedly justified on the basis of the previous record of the Society to Protect Children from Cruelty, if nothing else, but the refer failed because the family was antagonistic toward the society.

## II. CASES REFERRED OR TRANSFERRED BY THE VISITING NURSE SOCIETY TO PROTECT CHILDREN FROM CRUELTY.

Four cases were studied, received by the Society to Protect Children from Cruelty from the Visiting Nurse Society; 3 referred and 1 transferred.

### 1. Kind of Problem.

The problems in all were apparently of a Society to Protect Children from Cruelty type. In the first case the father drank and neglected his family. The Visiting Nurse Society's interest was in the mother and new-born child. In the second case the mother had dropped a child, probably while drunk,

fracturing its skull. In the third case the mother was dead, the father drinking and not adequately providing for his two children, one of whom had incipient tuberculosis. In the transferred case the parents, both of questionable morality, were separated. The six children were divided between the two parents and neither home supplied a good environment for the children.

## **2. The Work of the Visiting Nurse Society Before the Refer or Transfer.**

A slight outside investigation was made by the Visiting Nurse Society in 2 cases to learn the general situation. The Society to Protect Children from Cruelty had a previous record on 1 of the 4 cases, but were not consulted by the Visiting Nurse Society. They had known this case twice previously and their record was intensive. Although the Visiting Nurse Society did not consult the Society to Protect Children from Cruelty as to the contents of the case record, they knew of the record through the Registration Bureau and the case was probably transferred to the Society to Protect Children from Cruelty on the basis of this registration.

**Treatment.** In 2 of these 4 cases, in addition to nursing, general friendly interest was taken by the Visiting Nurse Society.

**Reason for Refer or Transfer.** In 3 cases the Society to Protect Children from Cruelty was called in because the problem seemed to need their supervision, and in the fourth case the Visiting Nurse Society wished to enforce proper care for a child.

## **3. Relation of the Society to Protect Children from Cruelty to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** Not one of the 4 cases became under care with the Society to Protect Children from Cruelty. In the transferred case another agency was already interested and supervising. One of the referred cases was transferred to the Bureau for Jewish Children. As this was really a problem of child place-

ment, it would have been better had the Visiting Nurse Society referred the case to the Bureau for Jewish Children instead of to the Society to Protect Children from Cruelty. The Society to Protect Children from Cruelty did not take up the 2 remaining cases. In both instances the referring agencies to have been justified by the kind of problem.

**Investigation.** No investigation was made by the Society to Protect Children from Cruelty in 2 cases; in the third case enough to show that the case should have been reported to another agency; and in the fourth, a very slight investigation.

A summary was given to the Society to Protect Children from Cruelty by the Visiting Nurse Society in 3 of the 4 cases, always either a verbal or a telephone statement.

**Treatment.** No treatment was given by the Society to Protect Children from Cruelty in 3 cases. In the fourth case, that transferred to the Bureau for Jewish Children, the Society to Protect Children from Cruelty made arrangements through the Bureau for medical examination of the children, and for care for them in a temporary shelter.

### Did the Case Gain or Lose?

One of the cases received by the Society to Protect Children from Cruelty from the Visiting Nurse Society can be said to have gained. In 2 of them, although there was apparently a problem, the Society to Protect Children from Cruelty took no action and the matter was left hanging. One of these they took up on a later application. The third was the case already mentioned which should have gone to the Bureau for Jewish Children, and the fourth case was that on which another agency was active and supervising.

### I. CASES REFERRED OR TRANSFERRED BY THE BUREAU OF COMPULSORY EDUCATION TO THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY.

Fifteen cases received by the Society to Protect Children from Cruelty from the Bureau of Compulsory Education were studied; 9 referred and 6 transferred.



### 1. Kind of Problem.

The problems in the cases were of a "cruelty" type. A few examples will suffice; father an unsteady worker and a drunkard, children neglected or cruelly treated, and general shiftlessness of the mother; both parents drinking and children neglected.

### 2. The Work of the Bureau of Compulsory Education Before the Refer or Transfer.

**Investigation.** In 10 of the 15 cases no outside investigation was made by the Bureau although the home or a member of the family was seen in 5 of these. In the remaining 5 cases, a slight investigation was made. Six of the cases were known previously to the Society to Protect Children from Cruelty, but in only 1 instance did the Bureau consult the Society to Protect Children from Cruelty to learn their knowledge of the case or what action had been taken by them.

**Treatment.** In 3 cases the only action of the Bureau was an investigation, and in 8 their only action was an interview. In 2 cases legal action was taken, and in 2 more advice was given before the refer or transfer.

**Reason for Refer or Transfer.** Twelve cases were referred because of the kind of problem, and the remaining 3 to enforce proper care for the children in the family.

### 3. Relation of the Society to Protect Children from Cruelty to the Case After the Refer or Transfer.

**Under Care and Not Under Care.** Six of the 15 cases became not under care. In 1 instance the case was transferred immediately to the Catholic Children's Bureau. This case had been transferred to the Society to Protect Children from Cruelty by the Bureau of Compulsory Education, properly, because of the long previous record of the Society to Protect Children from Cruelty. Of the remaining 5 cases, 1 was transferred and 4 were referred. The transferred case was one in which the Society for Organizing Charity was active. The Bureau knew this because an entry in their record said, "Society for Organizing Charity interested. They inquired." The case was not known to the Society to Protect Children from Cruelty, and the

the visit they made would probably have been saved had they been in touch with the Society for Organizing Charity beforehand. The Society for Organizing Charity was also interested in a referred case. In this case the investigation of the Society to Protect Children from Cruelty apparently stirred up the family, but it undoubtedly should not have been made without consulting the Society for Organizing Charity, which had a recent and full record, and the Children's Bureau, which likewise had a record. As the problem was that of a widower and a child who was not receiving medical care, there is considerable doubt whether it was a Society to Protect Children from Cruelty case at all. In another case, an Italian family in which there were seven children who came to school dirty that they had to be turned out every day, the referral is probably justified on the basis of the Society to Protect Children from Cruelty record, although the Society to Protect Children from Cruelty did not take it up. The fifth case is simply a problem of a widower whose children were regular in school attendance and running the streets. The Society to Protect Children from Cruelty found no real problem on visiting and it is probable, had the Bureau seen the mother, the referring might have been saved. The sixth case is that of a child with marks of abuse on its body and face. The Society to Protect Children from Cruelty made a very slight investigation and did not think it a case for them. The records of both agencies were too meager to make it possible to derive much information from them. Nevertheless, the Society to Protect Children from Cruelty record seemed to point to the fact that a more thorough going into the situation might have been desirable.

**Investigation.** In 3 cases no investigation was made by the Society to Protect Children from Cruelty, and in another case none was made on this application, but a partial investigation had been previously made. In all other instances some investigation was made.

**Treatment.** In 6 cases no treatment was given by the Society to Protect Children from Cruelty, their only action being an investigation or an interview. The remaining 9 cases received some treatment. In 5 instances supervision

was given, and in 1 case care was arranged for the children. Another case was transferred to the Catholic Children's Bureau for placement.

#### 4. Did the Case Gain or Lose?

One case definitely lost. This was the transferred case already mentioned in which the Society for Organizing Charity was active. The visit of the Society to Protect Children from Cruelty in this instance was interference and accomplished nothing. Several of the remaining cases, although they cannot be said to have lost, can scarcely be said to have gained. This was particularly true of the cases already discussed under the heading "Under Care and Not Under Care."

### IV. CASES REFERRED OR TRANSFERRED BY THE TRAVELERS' AID SOCIETY TO THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY.

#### 1. Kind of Problem.

The Travelers' Aid Society referred 2 cases to the Society to Protect Children from Cruelty. The problem in 1 of these was that of a large family living in three rooms, a child of fourteen very retarded in school, and a married son of twenty-four, living at home with his wife. In the other case the problem was that of a girl of thirteen, a run-away from home, alleging cruelty on the part of her mother.

#### 2. The Work of the Travelers' Aid Society Before the Refer or Transfer.

**Investigation.** In 1 case no investigation was made by the Travelers' Aid Society, while in the other case they made a slight investigation before referring. Neither case had been previously known to the Society to Protect Children from Cruelty.

**Treatment.** In the case of the run-away girl, although the Travelers' Aid dealt with it only five days, it was given a good bit of treatment. The girl was examined by a private physician and placed in a working girls' home temporarily. The other case was reported to the Visiting Nurse Society and referred

to the Bureau of Compulsory Education, and given some supervision and advice. The Travelers' Aid Society dealt with this case about seven months.

**Reason for Refer or Transfer.** The case of the run-away girl was referred for a home investigation in the town where the girl came from; the other case, because of the kind of problem.

### **3. Relation of the Society to Protect Children from Cruelty to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** Neither case became under care, In the first instance the Society to Protect Children from Cruelty considered the case one for the Travelers' Aid Society, and merely made the investigation required of them. This case was referred a second time for a second investigation, when the girl again became a run-away; and on this occasion, the Society to Protect Children from Cruelty, finding there was a probation officer in the district, transferred the case to her. The second case became not under care because the Society to Protect Children from Cruelty could find no condition that would warrant their taking up the matter. The Travelers' Aid had stumbled on this case. The family had recently come from the South. It was difficult to know why the Travelers' Aid considered it a case for them. If there was a family problem, it appeared to be of a Society for Organizing Charity, rather than a Society to Protect Children from Cruelty type; but with all of their seven months' visiting the Travelers' Aid never got to the bottom of the matter, and neither record threw enough light on the situation to make it possible to judge whether a problem actually existed.

**Investigation and Treatment.** In the case of the run-away girl, the Society to Protect Children from Cruelty made some investigation in order to learn whether the girl's home was a proper place for her to return to. They gave no treatment in this case. In the other case, the only action of the Society to Protect Children from Cruelty was an interview, this, apparently, satisfying them that the case was not one for them to take up.

#### 4. Did the Case Gain or Lose?

The case of the run-away girl gained insofar as the necessary investigation was made. The question is brought up, however, whether one agency has a right to call in another agency, simply in an investigating capacity. The other case was not affected one way or another.

### V. CASES REFERRED OR TRANSFERRED BY THE GIRLS' AID TO THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY.

Five cases received by the Society to Protect Children from Cruelty from the Girls' Aid were studied; 3 transferred and 2 referred.

#### 1. Kind of Problem.

With one exception, these cases were family problems of a pronounced Society to Protect Children from Cruelty type. In 1 the father of a large family of young children was immoral, drank and was abusive. In another case the parents, eighteen and twenty years old, were living apart; the mother with her mother, who had a bad record for dirt and immorality. The woman, of low mentality, was probably living immorally, and the home conditions were crowded and unsuitable. These were perhaps the two most pronounced cases, but the others were much like them. The exception was a case in which the problem was that of a girl of sixteen turned out of her home by her father and living with friends who had bad characters.

#### 2. The Work of the Girls' Aid Before the Refer or Transfer.

**Investigation.** In 4 of the cases the Girls' Aid made a partial investigation before calling in the Society to Protect Children from Cruelty; in the fifth case they made a complete investigation. The Society to Protect Children from Cruelty had previous records in 3 of the 5 cases, and they were in every instance consulted by the Girls' Aid.

**Treatment.** No treatment was given by the Girls' Aid before calling in the Society to Protect Children from Cruelty in 3 cases, 2 transferred and 1 referred. The transfer or refer in

these cases was made on the basis of the facts brought out by the Girls' Aid investigation; 2 of them within a week after the Girls' Aid had taken up the cases and in the third case not for nearly six months. In the other 2 cases the Society to Protect Children from Cruelty was called in very shortly after the Girls' Aid took up the case. In the referred case, the Girls' Aid gave medical care and medical examination to the girl, as well as temporary shelter; while in the other case, they urged medical examination and care and tried to persuade the mother to go to court.

**Reason for Refer or Transfer.** Three of these cases were referred on the basis of the kind of problem; 2 because of the Society to Protect Children from Cruelty's position as a prosecuting agency. The fourth case was transferred to see whether a child of sixteen could not be removed from her drinking mother. This transfer was made on the basis of the previous record of Society to Protect Children from Cruelty and because the child had previously been committed to the Society to Protect Children from Cruelty. The fifth case, that of a girl who had been thrown out of the house by her father, was transferred for supervision on the basis of the previous Society to Protect Children from Cruelty record.

### **3. Relation of the Society to Protect Children from Cruelty to the Case After Receiving.**

**Under Care and Not Under Care.** Three cases became not under care with the Society to Protect Children from Cruelty; all of them transferred cases. In 1 of these the Society to Protect Children from Cruelty, after consulting the Catholic Children's Bureau, found that they already knew the case and transferred it to them. The Girls' Aid had not consulted the Catholic Children's Bureau or they might have discovered this. This was a case in which the Society to Protect Children from Cruelty had a long previous record, and which had also been known to the Society for Organizing Charity as well as to the Catholic Children's Bureau. In the second case, that of the girl thrown out by her father, the girl was found by the Society to Protect Chil-

dren from Cruelty to be on probation and the case was left with the court. The Girls' Aid were justified in their transfer, however, because the Society to Protect Children from Cruelty had a previous record, and the Girls' Aid did not know of the court's interest. In the third case the Society to Protect Children from Cruelty found the situation straightened out, and therefore did not take up the case. The Society to Protect Children from Cruelty had a previous record on this case, but since the situation had pretty well solved itself, it was doubtful whether it was necessary for the Girls' Aid to call them in at this time.

**Investigation.** The Society to Protect Children from Cruelty made a brief investigation in 4, and a full investigation in 1 of the 5 cases. In 3 instances they reconsulted some of the sources that had been consulted by the Girls' Aid. Although this was distinct duplication it may have been necessary in 1 case in order to secure evidence. Summaries were furnished to the Society to Protect Children from Cruelty by the Girls' Aid in all cases. In 1 instance the Society to Protect Children from Cruelty read the Girls' Aid record; in 1 case a verbal statement was given, and in another a verbal statement at the time of refer, but later a full, written summary. The Girls' Aid knew that the Society to Protect Children from Cruelty were familiar with this case because of their previous record. In the remaining cases written summaries were given.

**Treatment.** In the 3 under care cases the only action of the Society to Protect Children from Cruelty was to make an investigation. In 1 of the referred cases taken under care, they urged care for a child but did nothing beyond this. This was the case of the separated parents, in which the mother was living at home. It was not clear why the Girls' Aid had referred the case to the Society to Protect Children from Cruelty, but it was probably done on the basis of the previous Society to Protect Children from Cruelty record and may have been justified from this point of view. The Society to Protect Children from Cruelty dropped out, however, because there was an agreement between the Girls' Aid, the Society to Protect Children from Cruelty and the Court that the Girls' Aid should go on. The other case was that of the father who

had immoral relations with his daughter. The case was taken up actively by the Society to Protect Children from Cruelty, legal action was taken, and the girl was given temporary care. It was undoubtedly a proper refer.

#### **4. Did the Case Gain or Lose?**

No actual harm was done in any case, although there was some waste of effort in 2 cases; one being the case that was transferred to the Catholic Children's Bureau, and the other that in which the problem was already solved. The case of a girl separated from her husband and living at home was later transferred by the Girls' Aid to the Children's Bureau on the basis of the agreement referred to in the discussion of cases received by the Children's Bureau from the Girls' Aid. This was a mistake. The Girls' Aid had done nothing on the case for a long while previous to the transfer and if they felt that they could not go on, it might have been better to call in the Society to Protect Children from Cruelty, which they knew to be familiar with the case. The Children's Bureau had very little understanding of the case and made no headway. The needed supervision was not given.

#### **VI. CASES REFERRED OR TRANSFERRED BY THE CHILDREN'S BUREAU TO THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY.**

Although the Society to Protect Children from Cruelty refers or transfers many cases to the Children's Bureau, because of the function of the Children's Bureau as a child placing agency, the Bureau calls in the Society to Protect Children from Cruelty infrequently, and then only as a family agent. For instance, in 1917, the Children's Bureau received altogether from the Society to Protect Children from Cruelty 94 cases, while the Society to Protect Children from Cruelty received from the Children's Bureau only 19 cases.

Six cases received by the Society to Protect Children from Cruelty from the Bureau were studied; 1 referred and 5 transferred.

##### **1. Kind of Problem.**

Here again we find the kind of problem of the usual



Society to Protect Children from Cruelty type. All were family problems with complications of drink, immorality, and so forth. In 1 case the mother was deserted; she was an unreliable person and unable to control her ten year old boy. In the second case both parents drank; in the third the mother was a widow of questionable mentality, with two probably feeble-minded children. The fourth case was that of a father in prison; while the mother was living immorally with a paramour. In the fifth case the guardian of a fourteen year old girl was immoral and tubercular; an unfit guardian for the child who was probably leading an immoral life. Both parents drank in the sixth case and two of their eight children were incorrigible.

## 2. The Work of the Children's Bureau Before the Refer or Transfer.

**Investigation.** The Bureau had made no investigation in 1 case; in 4 they made a partial investigation, and in 1 a complete investigation before calling in the Society to Protect Children from Cruelty. Three cases were previously known to the Society to Protect Children from Cruelty, but they were not consulted by the Children's Bureau in any of them.

**Treatment.** In 3 cases the only action by the Children's Bureau was an investigation, and in a fourth case they simply took an interview. In the remaining 2 cases their treatment was slight. In 1 they tried to persuade the mother to have a boy examined, and in the other they urged the mother to sign an application in order to have a child admitted to an institution for the feeble-minded.

The length of service of the Children's Bureau in these cases was short. It was under a week in 3 of the 6 cases; in 2 more it was under three months. In the sixth case, although the Bureau gave no treatment, they kept the case open about six months before transferring.

**Reason for Refer or Transfer.** The referred case was a case in which a child had run away from a shelter where he had been temporarily placed. This was a case in which the Society to Protect Children from Cruelty had a long, intensive record, having dealt with the fam-

ily five different times. They had taken the case into court on several occasions, and because of this the Children's Bureau referred the case to the Society to Protect Children from Cruelty for action and to arrange care for the child. Two cases were transferred for supervision; 1 distinctly on the basis of the previous record of the Society to Protect Children from Cruelty. The remaining 3 cases were transferred to compel a parent to obtain proper placement for a child; that is, the Children's Bureau thought that the Society to Protect Children from Cruelty, as a prosecuting agency, could force the removal of children, were it necessary, in cases where a voluntary placement was not likely.

### **3. Relation of the Society to Protect Children from Cruelty to the Case After the Refer or Transfer.**

**Under Care and Not Under Care.** Two cases became not under care with the Society to Protect Children from Cruelty. One of these seemed like a distinct Society to Protect Children from Cruelty problem, but the Society to Protect Children from Cruelty, for no apparent reason, did not take it up. In the other case, although it was probably a Society to Protect Children from Cruelty problem, they found nothing to do since the mother had already made suitable arrangements for the child. This transfer was scarcely worth while.

**Investigation.** In 1 case the Society to Protect Children from Cruelty made no outside investigation; in another they made none on this application, but had previously made a complete investigation. In the remaining 4 cases they made a brief or partial investigation. In 2 of the 6 cases no summary was furnished by the Children's Bureau, while in 3 of the remaining 4 cases a written summary was given; and in the fourth case a verbal brief statement was given.

**Treatment.** No treatment was given by the Society to Protect Children from Cruelty in 4 of the 6 cases. In 1 of the remaining 2 cases, court action was taken and medical attention was given. In another arrangements were made with the Travelers' Aid Society for the transportation of the child.

#### 4. Did the Case Gain or Lose?

The result of the calling in of the Society to Protect Children from Cruelty was for the most part negative, except for the case that they took into court obtaining the removal of the child. In 4 instances the Society to Protect Children from Cruelty took no action and nothing was accomplished. The Society to Protect Children from Cruelty referred 1 of the transferred cases back to the Children's Bureau for placement for two children, both feeble-minded. The Bureau made suggestions but did not in any way force action; so that nothing was gained here either.

### VII. CASES REFERRED OR TRANSFERRED BY THE SOCIETY FOR ORGANIZING CHARITY TO THE SOCIETY TO PROTECT CHILDREN FROM CRUELTY.

A very full discussion was given of the 21 cases received by the Society for Organizing Charity from the Society to Protect Children from Cruelty. It was shown that the relationship of the two family agencies in their dealing with the same cases was complicated, often harmful and even disastrous, from the point of view of the case. The distinction between the functions of the two agencies has already been discussed in showing how the Society for Organizing Charity used the Society to Protect Children from Cruelty in relation to their cases. It remains here to show the reverse side.

Twenty-two cases received by the Society to Protect Children from Cruelty from the Society for Organizing Charity were studied; 14 referred and 8 transferred, of which 13 became under care and 9 not under care cases with the Society to Protect Children from Cruelty.

#### 1. Kind of Problem.

In this group, as in the group received by the Society for Organizing Charity from the Society to Protect Children from Cruelty, the problems were all of a more or less involved family type. Irregular employment of the father entered into the problem in 5 cases, but in all instances it was complicated by other social problems. In 1 case the mother was

sick and shiftless; in 3 cases the father drank; in 1 case there was a sub-normal child, ill-treated by the father, and the mother had tuberculosis, and so on. There were 3 cases in which the mother was a widow. In 1 of these, she was of a questionable morality and there was a sub-normal child. There was little difference in the type of problem between referred and transferred cases, except that the problems of irregular employment and inadequate income were found in the group of referred cases.

## **2. The Work of the Society for Organizing Charity Before the Refer or Transfer.**

**Investigation.** In 2 cases, both transferred, the Society for Organizing Charity made no investigation before calling in the Society to Protect Children from Cruelty. One of these cases was transferred immediately without a visit, because the Society for Organizing Charity had a previous full record of the case and from their knowledge considered it a case for the Society to Protect Children from Cruelty, which they knew also to have a previous record. In the other case, the Society for Organizing Charity had a previous record, dating less than five months back, and had made a complete investigation at that time. At this application the case was transferred after an interview. In the remaining 6 transferred cases, the Society for Organizing Charity made some investigation; in 1 a slight investigation; in 1 a complete investigation; in 3 a partial investigation. In 3 cases the Society for Organizing Charity had a previous record. The Society to Protect Children from Cruelty had a previous record in 2 of these 5 cases, and in both instances their records were consulted by the Society for Organizing Charity.

In 9 of the 14 referred cases, the Society for Organizing Charity made a partial investigation before the refer; in 3 a slight investigation and in 2 a complete investigation. The Society for Organizing Charity themselves had a previous record in 10 of these 14 cases and in all but 1 instance had made some investigation. The Society to Protect Children from Cruelty had a previous record in 10 of the 14 cases. In 4 instances the Society for Organizing Charity secured summaries from them; in a fifth case, the Society for Organizing

Charity had secured a history in 1913; but had no summary of the later full record of the Society to Protect Children from Cruelty.

**Treatment.** The only action of the Society for Organizing Charity in 4 cases was an investigation, in 2 an interview. In the remaining 16 cases treatment was given before the refer or transfer. In 8 cases relief had been given, in 2 instances of an emergency nature. Seven of these 8 cases were referred cases. All except 1 of the relief cases involved other treatment in the form of medical care, legal advice, employment, supervision, friendly interest, and so forth. In 2 cases simple medical care was the only treatment; another case received employment; while another received employment, medical care and advice. That is, most of the cases received fairly intensive treatment; but not one of these 22 general family problems was a regular allowance case with the Society for Organizing Charity.

The Society for Organizing Charity dealt with 9 of the 22 cases under one month before referring or transferring, with 7 more under three months, and with only 6 over three months. Two of these, however, received over a year's care from the Society for Organizing Charity.

**Reason for Refer or Transfer.** It will be remembered in the group of cases received by the Society for Organizing Charity from the Society to Protect Children from Cruelty that the reason for refer or transfer in all but 4 instances was primarily the need for relief.

The primary reason for refer or transfer in these 22 cases was on the basis of the kind of problem the Society to Protect Children from Cruelty having been called in on 16 cases distinctly on this basis, in 7 of the 16 cases, because the Society for Organizing Charity considered them Society to Protect Children from Cruelty types of families rather than ones to be dealt with by the Society for Organizing Charity. Only 6 of these cases were transferred. Two of them were referred to force proper care for the child or children in the family; 2 were referred for help in enforcing a plan, and 2 more were referred and 1 transferred

for supervision. This seems to show that, although the kind of problem was the determining factor in the decision of the Society for Organizing Charity to call in the Society to Protect Children from Cruelty, the decision whether to refer or transfer the case was made not on the basis of either agency's being a family agency dealing with a clear cut type of case. The decision as to whether a case should be referred or transferred seems to have rested somewhat on the need for relief.

### **3. Relation of the Society to Protect Children from Cruelty to the Case After the Refer or Transfer.**

Nine cases became not under care with the Society to Protect Children from Cruelty, 5 of these being transferred cases. In 5 instances the Society to Protect Children from Cruelty, for no apparent reason, did not take the case up. In the sixth case the court had already taken action; in the seventh case the family had moved; in the eighth case the Society to Protect Children from Cruelty found no problem, and in the ninth case, the Society to Protect Children from Cruelty, which had known the case previously, found conditions better than at the time of the previous application. The agent frankly said that although conditions were bad the Society accomplished nothing then and since there was some improvement now, they would scarcely be warranted in taking the matter up again.

**Investigation.** In 6 cases no investigation was made by the Society to Protect Children from Cruelty. Investigation was made in all the other cases; in 2 instances full, and in the others partial or brief. Ten times the Society to Protect Children from Cruelty reconsulted some of the sources that had been consulted by the Society for Organizing Charity. This was distinctly duplication in 3 cases, and in 2 others it did no harm to the case but gained nothing. In all but 1 instance some sort of summary was given the Society to Protect Children from Cruelty by the Society for Organizing Charity. In this 1 instance, although no summary was given at the time, the visitors of the two agencies talked over the case. In 11 cases a written summary was given, and in 3 of these cases in addition to this the Society to Pro-

tect Children from Cruelty visitor read the Society for Organizing Charity records. In 2 instances, although no written summary was given, the Society to Protect Children from Cruelty agent read the record. A telephone statement was given on 5 cases, a verbal statement on 2 cases, and another case was fully discussed at a Society for Organizing Charity district conference at which the Society to Protect Children from Cruelty agent was present.

**Treatment.** In 2 cases the only action of the Society to Protect Children from Cruelty was investigation, and in 3 cases an interview was had. In 3 cases their only treatment was supervision. In 3 cases the Society to Protect Children from Cruelty placed children or arranged care for children. No very intensive treatment, other than supervision, appears to have been given in any case, and relief was never given in any form whatever.

#### 4. Did the Case Gain or Lose?

Four cases can very distinctly be said to have gained because they were Society to Protect Children from Cruelty problems. Although all 4 of these were referred cases, the Society for Organizing Charity relinquished their interest on the refer; and it could certainly be said after reading the record on 3 of them, that they should distinctly have been transfers. In fact, practically no further action was taken by the Society for Organizing Charity in any of the 4.

Three referred cases distinctly lost. In 1 of them the evidence obtained by the two agencies in their investigation was contradictory. This looked like a problem for the Society to Protect Children from Cruelty, but if the Society for Organizing Charity were going to call them in, they should have transferred the case. Another case lost because after the refer the Society for Organizing Charity dropped out; the Society to Protect Children from Cruelty did nothing active and the needed supervision was not given. Another case, probably a Society to Protect Children from Cruelty type of problem, lost because the refer simply meant an additional visitor going to the house, who did nothing. The refer here meant pure duplication, and here again a transfer would have

been advisable. One transferred case may be said to have lost because the Society to Protect Children from Cruelty did not take it up.

We have in this group, 12 cases, 9 referred and 3 transferred, on which both agencies had previous records. In 7 of the 12, one, usually both agencies, had long full histories. In 1 of these cases, for instance, the Society for Organizing Charity had a very brief history in 1909, but the Society to Protect Children from Cruelty had six previous applications on the case, the last one being within two years. The problem was that of a deserted, drinking mother, who kept her children in a dirty, uncared for condition. The Society for Organizing Charity transferred this case to the Society to Protect Children from Cruelty. It has been kept open nearly two months before this was done, a child having been given medical care. Since the Society for Organizing Charity had obtained a summary for the Society to Protect Children from Cruelty and knew the problem, it seemed quite clear that the case should have been transferred immediately by the Society to Protect Children from Cruelty without a visit. Another case had been known four times to both agencies. The present problem was that of a widowed mother with a bad reputation, possibly immoral, neglectful of her children. She had a past history as a beggar. On this application the Society for Organizing Charity referred the case because they recognized themselves as incapable of dealing with the woman, and thought that the Society to Protect Children from Cruelty might act as a good stimulant. In a sense, this plan worked out but it meant visiting by two agencies, and had there not been a question of relief, the Society for Organizing Charity would probably have transferred it. Another case the Society for Organizing Charity had known five times previously, the last time two years before. The Society to Protect Children from Cruelty had records of two branches of the family; one they had known four times and one twice. The problem was that of drinking parents, neglecting their children who were frequently found begging. The man was of questionable morality and had poor health. The Society for Organizing Charity dealt with the case two months on this application, giving medical care, supervision and attempting to make a plan. The case was then



referred to the Society to Protect Children from Cruelty, partly because the children were neglected ; but primarily, because the family were antagonistic to the Society for Organizing Charity, and the Society for Organizing Charity, therefore, called in another family agency. The Society to Protect Children from Cruelty were unable to accomplish anything in this case, but on the basis of their previous record and of what the Society for Organizing Charity knew about the case, it should undoubtedly have been transferred at once or as soon as the Society for Organizing Charity had made enough investigation to learn the present conditions.

There seems no need to give more examples of this kind of case. The very fact that such cases were constantly recurrent with either one agency or the other shows the serious character of the kind of problem, and here again, as in the group referred or transferred to the Society for Organizing Charity by the Society to Protect Children from Cruelty, the thing apparently needed was a clear decision on the basis of the kind of problem as to which agency the case ought to go to. Should the problem change, it could then remain for the agency with which the case had been left, to look into the matter and transfer it on the basis of their findings. There can be no dispute as to the waste of effort and time in this sort of handling of a case. Furthermore, the very fact of the making of many applications to the two agencies indicates that nothing was accomplished by either.

## CHAPTER VIII.

### SUMMARY.

In presenting the facts brought out by the cases studied, no attempt has been made to draw any general conclusions, the idea being merely to show the situation as it was found to exist. The points in many instances are so clearly illustrated and well defined that no inference need be drawn from them. However, the material in the report covers so large a ground and includes so many agencies that a general summing up seems wise.

#### **The Kind of Problems Causing Refer or Transfer.**

As we look back over the 421 cases discussed, referred or transferred by the fifteen agencies to each other, we are struck by the fact that few of them present problems of a special nature. On the whole, specialized agencies handle their own distinct and special problems. When the need is purely a health need, the hospital social service department does not call in another agency. When the girl alone is the problem, the Girls' Aid does not turn to the family agency. Even when the specialized agency becomes involved in a family problem, if it be a matter of simple adjustment and does not involve relief, we are led to conclude that in many instances the specialized agency handles this. For the most part the cases referred or transferred by one agency to another are the difficult and intricate cases, whether the agency is influenced by the relief question, which seems to be the great bugbear, or by any other complexity which may arise in the problem. Our interest, therefore, is confined chiefly to the inter-relation of the agencies on the difficult and more obscure cases and it is in this type that we have found definition of function necessary.

#### **Investigation.**

The study was not and did not purport to be a study of case work, but rather a study of the functional relations of

agencies, as brought out by the cases handled jointly by them. Nevertheless, the question of case work can not be completely isolated in any study of case records, and it is in considering the question of investigation, perhaps, that it most often arises. The investigation done by the various agencies differed greatly in the amount made before the refer or transfer. In theory one would expect to find refer or transfer depending largely on this investigation; in practice, it seems not to have been influenced by investigation, but rather by chance. With most of the agencies no definite plan of investigation was found to exist. The amount of investigation done depended partly on the agencies' conception of case work, but still more upon the agencies' conception of their own job or function. In the cases referred or transferred by hospital social service departments little or no investigation was done before the second agency was called in. On the other hand, it was found that the Society for Organizing Charity investigated a large percentage of their cases before referring or transferring them. The other agencies ranged between these two extremes, pretty much according to their outlook on case work. Investigation, from the case work angle does not interest us here, except in so far as it affects the refer or transfer in which we are interested. The cases handled by all the agencies seemed to show a lack of appreciation of the value of a definite policy of investigation and a want of realization that the case itself is affected by this lack of policy.

Investigation from the point of view of the receiving agencies showed this same lack of policy. On the whole, investigations were accepted, although this was not always so. There were several reasons for not accepting them; first of all, the summaries did not include a full or specific enough history of the investigation to make them of value to the receiving agencies. Secondly, the investigation of the referring or transferring agencies was often done with a single definite purpose in mind. It was, therefore, of little value to the receiving agency, differing as it did in function. The greatest difficulty in investigation after referring arose from duplication. Often two agencies, working simultaneously on a case with no definite plan, consulted the same sources. The evils resulting from this need hardly be pointed out. The

duplication undoubtedly arises from the lack of definite responsibility for the case.

### **Treatment.**

The treatment given by the agencies before a refer or transfer was made varied greatly, not only among the different agencies, but actually in the cases handled by each individual agency. This was probably due to the agency's own confusion as to its function and to a lack of promptness in the recognition of the kind of problem as a whole. Although some agencies were found to be definite and clear cut in their treatment of cases, others seemed to stumble along, meeting needs as they arose, until it suddenly dawned upon them that the problem was of an intricate and non-specialized nature. This only applies to specialized agencies. The family agencies gave treatment of a more general and intensive nature. Their failure seems to have been a separation of certain special problems from general family care. This is necessary at times. If a child is to be placed it may be said to be the job of the Children's Bureau to make the placement. On the other hand, if there is a difficult girl in the family can she be separated from the whole family situation as a special problem?

The receiving agencies' position with regard to treatment is much the same as their position regarding investigation. When the agencies referred a case there was no well worked out plan between the referring and receiving agency. A course of treatment for each agency was not defined. This meant not only duplication in some instances, but actual conflicting plans. The result from the point of view of the family is obvious. It is perhaps in treatment more than anything else that the need for a definite policy by which two or more agencies should work together was brought out.

### **Refer and Transfer.**

Since there had never been any attempt in Philadelphia before this study was undertaken to formulate a distinction between refer and transfer, it was not to be expected that such a distinction would be found in the case records studied. The records, nevertheless, fell very clearly into these two

classifications, and the whole consideration of the result from the point of view of the receiving agency depended largely on this distinction. The first difficulty lay in the fact that it was not made clear to the receiving agency whether a refer or transfer was intended, and in the case of a refer what this refer was to involve. In a transferred case there is no working together, and the responsibility, whether or not the transfer is justified, rests with the receiving agency. It is in the referred cases that we have seen confusion, duplication and a lack of definition of responsibility, often resulting in the collapse of the case. In making a refer it is not clearly established at the outset which agency is to be in charge. In fact, there is no thought that one agency or the other should be in charge. It has also been brought out that many refers were made which should have been transfers. On the whole, the greatest need seems to be to make clear at the outset what is intended. Even in a transfer we have found cases not taken up by the second agency because they did not realize a transfer was meant. Records also seem to point to the fact that transfers are often made in intricate cases where the first agency having failed, they attempt to turn the problem over to a second agency who, through lack of contact and understanding, are even less prepared to handle it.

### **Reasons for Refer and Transfer.**

The reason for refer or transfer differs according to the kind of agency referring and the function of the agency receiving. The superficial reason for calling in the Society for Organizing Charity in most cases was relief, but even here the kind of agency referring or transferring played a part. Relief was usually the immediate cause prompting the medical agencies to call in the Society for Organizing Charity. Relief was asked in 87 or 72% of the 121 cases received from the hospital social service departments and in 13 of the 18 referred or transferred by the Visiting Nurse Society.

This was to a lesser degree the motive with the other specialized agencies as the following table shows:

TABLE XIX.

Cases Referred or Transferred to Society for Organizing Charity.

	Bureau Compulsory Education	Travelers' Aid Society	Girls' Aid	Children's Bureau	Total
Relief .....	10	8	1	14 <sup>1</sup>	33
Other causes .....	14	5	2	6	27
	—	—	—	—	—
Total .....	24	13	3	20	60

The position of the Society to Protect Children from Cruelty has been fully discussed. It should be re-emphasized that in the cases referred by the Society to Protect Children from Cruelty to the Society for Organizing Charity, relief played the entire part, there being naturally no other reason for working simultaneously with another family agency.

The other agencies received cases generally on the basis of their supposed function. The result of the refer or transfer here depended largely on the referring agencies' true perception of the kind of problem and their relationship to the receiving agency. The case of the Society to Protect Children from Cruelty is interesting. The kind of problem is the factor influencing an agency to call on the Society to Protect Children from Cruelty rather than on the Society for Organizing Charity. Yet the reason generally given for calling in the Society for Organizing Charity is relief, while the kind of problem is not only the underlying reason but is the stated reason in 52 or 65.82% of the 79 cases received by the Society to Protect Children from Cruelty from all agencies.

#### Under Care and Not Under Care.

Of the total 421 cases studied, 151 or 35.86% became not under care with the receiving agency. This is too large a number. To call in an agency needlessly we have found to be harmful, not only from the point of view of the receiving agency, but primarily from the point of view of the family

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<sup>1</sup> In some of these relief was a minor motive; the hope of holding the family together through readjustment being major.

or individual affected. The reasons for a case becoming not under care are many and often unavoidable. The preeminent cause, however, is a lack of recognition of the kind of problem on the part of the referring or transferring agency before calling in another agency.

### Did the Case Gain or Lose?

One of the purposes of the study was to determine whether the case gained or lost. That is, did the family benefit from the combined treatment of the agencies? In many instances it did; in far too many it did not. When the case did gain it was by chance rather than the result of any definite plan of treatment to this end. The reasons for failure are brought out in detail in the cases discussed under the report of the Intake Committee and it is hardly worth going into them here. Lack of recognition of the kind of problem both by the referring and the receiving agencies, the calling in of a second agency when the services of a second agency were not needed, conflict in plans, duplication, and above all, a lack of recognition of the value of contact were among the most frequent causes. These things, unless illustrated, are mere words. A study of the cases discussed in the report of the Intake Committee will show the result on individual cases of the ill defined relationships between agencies.

## PART II.

### THE WORK OF THE INTAKE COMMITTEE—CASES DISCUSSED BY THE INTAKE COMMITTEE, IN- CLUDING SUMMARY OF CASES, DISCUSSION ON INDIVIDUAL CASES, GENERAL DISCUSS- IONS AND CONCLUSIONS.

The formation of the Intake Committee and its connection with the study has been outlined in the introduction to Part I. In considering the work of the committee, particularly its discussions and decisions on individual cases, several things must be kept constantly in mind. The Committee was originally and still remains at the time of this writing, a study group. Its work has been entirely along lines of theory and experimentation. Originally, since its discussions were all centered about closed cases, any conclusions made must needs be formulated in theory only. When it began to discuss current cases, its decisions became experimental, simply an attempt to test in practice what had been formulated in theory. In some instances the theories arrived at have been tested out in enough cases to appear sound. They are presented here not as laying down any laws, however, but rather with the hope of throwing open to a larger audience the problems that have been brought to light by what has come to be known as the "Philadelphia Experiment." The Intake Committee has opened the way. It has even gone so far as to set down certain milestones which ought to make for better case work and happier relationships between case working agencies in the future. The relationship problems will differ in other communities. The problem of the individual, however, is the same, and since the individual, rather than relationship or function, is the essential problem with which case work deals, the questions discussed by the Philadelphia Intake Committee must, in a broad sense, be those met with by the case worker in any community where more than one case working agency exists.



The purpose of the Intake Committee is to seek light on the inter-relation of agencies through study of the individual case. For this reason it seems best in presenting the work of the Committee to use the case method, taking up step by step the cases and the points brought up by them, and giving in full the discussion. After the presentation of the cases, an attempt will be made to summarize the points brought out by them and the conclusions of the Committee as they now stand. The attendance at the Committee meetings was always full and all the agencies interested in any individual case were represented when the case was brought up for discussion. For instance, no case involving a hospital social service department was discussed without the presence of a member of the department concerned. Usually, hospital social service departments other than the one immediately concerned were represented as well. Thus it is seen, that although conclusions on individual cases are not to be thought of as final they were, nevertheless, the decisions of a representative group of case workers.

As has been shown in Part I agencies included were of two kinds; family and specialized. In the family group were included two agencies, while the remaining thirteen fell into the specialized group, eight of them being hospital social service departments. The discussions centered usually about the relationship of these two groups; that is, the cases discussed involved either

1. The relationship of the family agency and specialized agency working on the same case.
2. The relationship of two family agencies working on the same case.

An attempt will, therefore, be made to present the cases under the two groupings. It will be found that the cases overlap, falling sometimes into both groups.

The method used will be to present a summary of the case in the form in which it was presented to the Intake Committee, to follow this by a summary of the points brought up for discussion, the discussion itself, and finally the conclusions of the Committee with reference to the particular case.

RELATIONSHIP OF THE FAMILY AGENCY AND THE SPECIALIZED AGENCY.

**The Family Agency and the Hospital Social Service Department.**

In considering these cases, the five main groupings discussed in Part I<sup>1</sup> of the report must be kept in mind, the discussion having depended much on the kind of problem. The distinction between family and specialized problem must also be remembered. Many specialized agencies, in dealing with individual or special problems in the family, aim to include the family in their treatment. The difference between them and the general family agency is largely in approach. The specialized agency sees the family problem from the angle of the individual or special problems present, while the general family agency approaches the individual or special problem from the point of view of its relation to the family as a whole. The judgment as to whether a case was a family or specialized problem depended on whether the family or special problem gave the emphasis to the case.

CASE 1. YOUNG.<sup>2</sup>

**Summary.**

Arthur Young, a boy of 18, was suffering from a bad case of chorea. He had been under hospital care for this and was known to the social service department. When it was time for him to leave the hospital, the social service department referred the case to the Society for Organizing Charity for a plan for the boy. The hospital social service department had made some investigation and knew the situation thoroughly. They had talked the matter over with a sister of Arthur's, who was responsible for him. The Society for Organizing Charity took up the case, arranging with relatives to receive Arthur temporarily. They then got in touch with the sister and cooperated with her in securing a place in the country for him.

**Points Brought up for Discussion.**

1. Kind of problem.
2. If specialized problem, should the hospital social ser-

<sup>1</sup> See Page 6.

<sup>2</sup> All names are fictitious.

vice department have asked the Society for Organizing Charity to plan?

#### Discussion.

1. This case involved no family problem. It was merely a question of adjustment and after care of the boy. The adjustment problem did not in this instance include the family but an individual.

2. Should a hospital social service department refer or transfer a problem of this nature? Is the function of the hospital social service department only that of a clearing house? Is there justification for calling in a family agency on a purely specialized problem?

#### Decision of the Committee.

1. The case presented a distinct specialized problem.
2. The case should not have been referred or transferred to the Society for Organizing Charity. Since it was a distinct specialized problem of a medical nature, it should have been handled by the medical social agency.

### CASE 2. STEVENS.

#### Summary.

Margaret Stevens was a single woman, 40 years old, a practical nurse by occupation, suffering from an extreme case of neurasthenia and what might be called chronic dependency. The hospital social service department of a hospital knew her first November 1915, and continued their interest for over a year. She was given free prescriptions occasionally; her back rent was paid to the extent of \$11.50 and her board and general expenses were paid to the extent of over \$10. Money was loaned her on several occasions. The hospital social service department assisted in getting her employment and moved her from the house where she was living into better quarters. She was difficult to deal with on account of her mental condition, and also partly because of the fact that she had been helped for years by various physicians who had become interested in her. In February 1917, the hospital social service department referred her to the Society for Organizing Charity for temporary relief until promised employment materialized. She was sent with a note, which she evidently read herself and resented. The Society for Organizing Charity read the hospital social service department record and summarized it on their record, apparently misquoting several facts as their record contained statements about Margaret's past which did not exist

in the hospital social service department record. The Society for Organizing Charity gave a small amount of relief. Margaret resented the questioning of the Society for Organizing Charity, and it is possible that her later lack of co-operation with the hospital social service department may have been partly due to this.

### Points Brought up for Discussion.

1. Kind of problem.
  - (a) Specialized or family problem.
  - (b) If specialized, medical or other?
2. If the predominating problem was medical, should the Society for Organizing Charity have been called in?
3. If the predominating problem was non-medical, should the Society for Organizing Charity have been called in?
4. The part played by strength of contact.
5. The advantages and disadvantages of having the receiving agency summarize the record of the referring agency.

### Discussion.

1. This case involved no family problem. It did, however, involve a problem other than medical. The question then rested on the predominating problem.
2. Although the case involved relief and re-adjustment, the predominating problem was that of a neurasthenic woman and the other problems depended on this.
3. Since the problem involved a single woman and was primarily a medical social problem with the other problems including relief dependent on the medical problem, it was probably a case for a medical social agency, rather than one for the Society for Organizing Charity. It was not a case needing the care of two agencies.
4. Strength of contact was a vital element in this case. Had the case not been a distinct medical social problem, strength of contact alone at the point of refer, would probably have determined it as a case for the hospital social service department. Strength of contact grew not only out of their connection with the woman and her reliance on them, but out of the whole previous dealing of the hospital social service department with the case. They had not only given medical attention, but had furnished employment, given relief,

and in fact, done whatever case work was necessary. At the point of refer this could not be ignored. There was some question whether a refer might not have been made at an earlier date in the case.

5. When the receiving agency reads a record it is able to summarize the points essential to it. The danger of this, however, is displayed in this case by the inaccuracy of the summary made by the Society for Organizing Charity. This shows the need of having the referring agency O. K. the summary of the receiving agency. The case was also an example of the result of a bad referring, which made it necessary for the woman to tell her story again. This would be objectionable in any instance, but in the case of the neurasthenic, particularly so.

#### **Decision of the Committee.**

1. This case presented a specialized problem of a medical social nature.

2. On this basis the Society for Organizing Charity should not have been called in.

3-4. Even if in this instance the predominating problem had not been medical, the strength of contact of the hospital social service department was so strong at the point of refer that the Society for Organizing Charity should not have been called in, especially since the relief problem was not continuous but of a temporary recurrent nature.

5. If the receiving agency summarizes a case, the summary should in every instance be O. K'd. by the referring agency.

#### **CASE 3. ANDROSKY.**

##### **Summary.**

Mrs. Androsky, a widow of 29, entered a hospital for an operation, having previously made provision for temporary care of her one child, a boy of 8. The hospital social service department became interested in her, saw that the child was being properly cared for and made arrangements for her to have convalescent care after she left the hospital. They referred her to the Society for Organizing Charity for temporary assistance during the few days which elapsed between the time she left the hospital and was able to enter the convalescent home, and again after she left the convalescent home until she was able to secure work.

As Mrs. Androsky was a woman quite able and accustomed to caring for herself, the only question involved was that of temporary relief.

**Points Brought up for Discussion.**

1. Kind of problem.
2. Was the hospital social service department justified in asking the Society for Organizing Charity to furnish temporary relief?

**Discussion.**

1. The predominating problem in this case was medical, that of the temporary illness of the head of the family. Other problems were minor and entirely dependent on the predominating problem. Although a case of widowhood, the question of widowhood did not apparently enter into the problem. This case was in charge of the hospital social service department. Since it was of a purely medical nature, there was no question of the need of a general family agency excepting from the point of relief.

2. The hospital social service department did all the case work called for. There was no prospect of any other problem arising after the medical problem had cleared up; therefore, the only function of the Society for Organizing Charity was to administer relief. Any case work on this basis alone would be impossible and uncalled for. Furthermore, the case did not involve long drawn out but temporary or emergency relief.

**Decision of the Committee.**

1. The problem in this case was a temporary medical problem.
2. The hospital social service department were not justified in asking the Society for Organizing Charity to furnish temporary relief. The case was in charge of the Social Service Department; that is, the responsibility for treatment lay with them and relief was an incidental part of this treatment.

**CASE 4. PERFETTI.**

**Summary.**

Tony Perfetti, a boy of 9, had tuberculosis. Tony was the oldest of five children. His father, a laborer, worked regularly but made an

insufficient income to meet additional expenses. Tony was under the care of a hospital and the social service department were interested in him. They undertook the case work and made all arrangements with regard to Tony's health. It was found necessary to send the boy to a sanatorium and when the time came for him to go, the hospital social service department referred the case to the Society for Organizing Charity, asking them to furnish clothing and carfare for the boy. Later the sanatorium wrote saying that Tony was in need of more clothing, and the hospital social service department again referred the case to the Society for Organizing Charity, asking that they furnish this additional clothing.

#### **Points Brought up for Discussion.**

1. Kind of problem.
2. The relief question involved.
3. Did this warrant the calling in of the Society for Organizing Charity?

#### **Discussion.**

1. This case presented a family problem of inadequate income; nevertheless, the predominating problem was the long drawn out illness of a member of the family.
2. The relief question involved was of a purely temporary nature, although the predominating problem was of a long drawn out nature. One member of the family only needed relief. This was occasional and temporary.
3. The hospital social service department was handling, and was equipped to handle, the problem involved. There was no problem for the Society for Organizing Charity to deal with other than that of emergency relief. They were not asked to go into the family situation and there was no condition to warrant their doing so. Did the need of emergency relief alone warrant their being asked to take up the case?

#### **Decision of the Committee.**

1. This case was a family problem with a predominating medical problem.
2. The relief problem in this instance was one of emergency relief.
3. Since there was no family problem other than that which was being dealt with by the hospital, the social service department were not justified in referring the case to the Society for Organizing Charity for emergency relief.

## CASE 5. MARTIN.

**Summary.**

Mrs. Martin, a recent widow of 36, suffering from incipient tuberculosis and general discouragement, had two children, both in need of medical care. She was exceedingly hard to work with, having a natural fear of hospitals and being determined to work to support herself rather than to receive medical care. She was first known to the hospital social service department June 1917, and was referred by them four days later to the Society for Organizing Charity for a plan, having been given in the meanwhile temporary shelter for herself and children by the hospital social service department. The Society for Organizing Charity advised her and co-operated with the hospital in planning for her. They gave a small amount of relief. A month after they knew her, at their advice, she went to the country with her children to visit relatives. In less than two months she returned and went immediately to the Society for Organizing Charity office. They sent her back to the hospital in order to determine her physical condition before planning. From this point on both the Society for Organizing Charity and the hospital social service department worked with the family. There was much duplication in trying to solve the situation, which was made harder for the Society for Organizing Charity because Mrs. Martin seemed to turn to the hospital social service department, and for the hospital social service department because they felt that the Society for Organizing Charity lacked a true understanding of the situation. Both agencies worked on the employment problem, the hospital finally securing employment for Mrs. Martin. The hospital social service department arranged with another agency to have milk sent to her, gave free prescriptions whenever necessary, and carfare in order that she might go to the Dispensary. The Society for Organizing Charity gave some relief and also worked on the medical side, trying to persuade Mrs. Martin to take sanatorium care. Nothing very tangible was accomplished by either agency, partly due to the apathetic attitude of Mrs. Martin herself.

**Points Brought up for Discussion.**

1. Kind of problem.
2. Relationship of the two agencies on the case.
3. Part played by strength of contact.
4. By which agency should the case have been handled?

**Discussion.**

1. This case was fundamentally a family problem—that of a dependent widow in ill health. The predominating problem, however, was of a long drawn out medical nature, involving the head of the family. That is, it was a case which



would require constant supervision of a medical kind. In addition to the medical and economic problem, Mrs. Martin's mental attitude had to be taken into consideration. This was particularly important in this case, and in considering the kind of problem perhaps more significant than either the medical or economic problem.

2. This case was an example of the result when two agencies are attempting to do the family work on one case. The hospital social service department, in dealing with the individual, must needs include the family in its work. The general family agency was greatly influenced in its plan and treatment by the health problem. In this particular case not only was the co-operation bad, but there was duplication of effort and misunderstanding. Each agency hindered the work of the other agency. The effect on Mrs. Martin was confusing and the result harmful.

3. Strength of contact apparently was an important element in this case and it is interesting to note that the strength of contact was not so much due to the length of the contact as to the kind of contact. The hospital social service department had better contact than the Society for Organizing Charity. Mrs. Martin apparently turned to them and was influenced by them. A better understanding between the hospital social service department and the Society for Organizing Charity might have altered the situation. Could strength of contact, however, be ignored in the case as it stood? How much should refer or transfer be dependent on strength of contact?

#### **Decision of the Committee.**

1. This case was a family problem with a predominating medical problem. The medical and mental problems were more important than the problem of widowhood.

2. This was a case which should have been in charge of one agency only.

3. Because of the strength of contact of the hospital social service department and the attitude of Mrs. Martin, it was a case which probably should have been handled only by the social service department of the hospital.

## CASE 6. ANTON.

**Summary.**

In June 1915, a soup society asked the Society for Organizing Charity to visit the family of Mr. and Mrs. Anton and their four children, the youngest of whom were twins. The soup society had been helping during the winter because Mr. Anton's health was bad. He had been unwilling to have medical care for fear of what he might find out. The Society for Organizing Charity took the case up at once and after tactful persuasion, Mr. Anton agreed to be examined at a hospital where he was found to be tubercular. The hospital social service department from that time on were interested in the whole medical side of the case and worked with the Society for Organizing Charity in carrying out all plans, but did not attempt to handle the family problem. The two little girls were found to be very delicate and in need of constant medical care. One of the twins developed Potts Disease, and was treated at an orthopaedic hospital. The case had been continuously active. The man had been in a sanatorium, coming home occasionally because his influence on his family was very strong, the Society for Organizing Charity therefore, encouraging his visits and paying the carfare. A regular allowance was granted to the family. At one time Mr. Anton was in a general hospital for a brief period; the social service department of that hospital at once got in touch with the Society for Organizing Charity. The case ran smoothly from the beginning and the family were held together in a remarkable way. In spite of all the medical care necessary and the number of medical agencies interested, the family as a whole was always in the care of the Society for Organizing Charity and the Society for Organizing Charity only, and all the medical work was done through them.

**Points Brought up for Discussion.**

1. Kind of problem.
2. Relationship of the agencies.

**Discussion.**

1. This case was a family problem, the predominating problem being strongly medical, involving the head of the household and other members.

2. In spite of the fact that there was a predominating medical problem, the case was in charge of the family agency who had the first contact. There were three medical agencies involved. These three agencies worked through the family agency whom they recognized to be in charge. They made

no attempt to deal with the family situation growing out of the medical problems.

### Conclusion.

This case presented a good example of the division of labor among agencies, especially family and medical. It showed the value of having one agency in charge of a case. It also illustrated the value of family case work where there is a predominating medical problem.

## CASE 7. DELERATTA.

### Summary.

Mr. and Mrs. Deleratta were suffering from tuberculosis and the four oldest of their six children were described as pre-incipient tubercular. February 1916, the social service department of a hospital became interested in them and referred them the next day to the Society for Organizing Charity as a tubercular family, without visible means of support. The Society for Organizing Charity worked with the family for 7 months; the children were given temporary care through the Children's Bureau and much relief was given. During this period, the hospital social service department handled only the medical side of the case and gave no relief. They secured convalescent care for Mrs. Deleratta. After the Society for Organizing Charity closed their record, the interest of the hospital social service department still continued and grew more intensive as the medical problem developed. Open air school was urged for the children; clothing was provided, a surgical appliance was given and milk was sent regularly for a period. At Christmas time a Christmas basket and coal were sent. In January 1917, Mr. Deleratta's work needed readjustment because of weather conditions, and the hospital social service department again referred the case to the Society for Organizing Charity for relief and suitable employment for Mr. Deleratta. This referring may possibly have been influenced by the previous referring. The Society for Organizing Charity gave a little relief and dropped out, the hospital still continuing with the predominating medical problem. In August 1917, the hospital social service department arranged seashore care for the children. They then referred the case to the Society for Organizing Charity for carfare and clothing, probably on the basis of previous referrals, and because they had no clothes available to give. The hospital record records that the worker thought the Society for Organizing Charity would not give the clothing asked for, and was not surprised when they refused. The department then asked a relief agency to furnish clothing, which was done.

**Points Brought up for Discussion.**

1. Kind of problem.
2. Relationship of the agencies.
3. The relief problem.

**Discussion.**

1. This case was similar in type to Case 6. It was a family problem with a predominating, long drawn out medical problem, involving not only the bread winner but members of the family.

2. This case shows the result from the relationship of the agencies is not well worked out. There was never any definite decision as to which agency should be in charge. Because of the kind of problem the case came constantly under the supervision of the hospital social service department. The Society for Organizing Charity became interested only when the economic problem became acute. Although there was no plan, the hospital social service department were in reality in charge of the case. This brought up the question of the possibility of a family agency and a specialized agency working successfully together with the specialized agency in charge of the case work.

3. The relief question involved not only long drawn out but also occasional emergency relief. This case showed the impossibility of having relief administered by the agency not in charge of the case. It also illustrated the fact that relief was part of the general treatment of the case and could not be separated from it.

**Decision of the Committee.**

1. This case was a family problem with a predominating medical problem.
2. One agency should have been responsible. It may originally have been a case for a general family agency. Had the Society for Organizing Charity remained in charge when they first knew the family, the case could probably have been worked out along the plan illustrated by Case 6. Since this plan was not followed and since the hospital social service department was in charge of all the case work, the case should have been carried through by them.

3. Had the Anton plan been followed out, relief should have been given by the Society for Organizing Charity as part of their treatment. However, since the hospital social service department assumed the responsibility for the family case-work, relief must be given by that department. This would apply to emergency as well as to long drawn out relief. The family agency should not have been asked to step in solely to administer relief.

### CASE 8. JAMES.

(Current case at time of discussion.)

#### Summary.

In December 1918, Mrs. James, a widow with five children, went to a hospital to make arrangements for her approaching confinement. Her husband had died in the recent influenza epidemic, leaving her destitute. She and her children were living with her mother, who, however, was unable to keep them, and simply willing to rent Mrs. James rooms. She at once came to the attention of the hospital social service department the worker suggesting to her that the Society for Organizing Charity be called in. Mrs. James did not fall in with the suggestion, and the matter was not pressed. Mr. James had been employed as chauffeur and the hospital social service department at once wrote to his employer stating the situation. The employer expressed her interest and willingness to help when the hospital social service department should deem it necessary. No other outside investigation was made by the department. In February it was again suggested that the Society for Organizing Charity should be asked to help but Mrs. James refused this as her mother and sister were then assisting. On February 20, the baby was born and a few days later Mr. James' employer sent \$200 to the hospital social service department to be used for Mrs. James' benefit. The department decided to give the money to Mrs. James in a regular weekly allowance until she should be able to support the family. No definite plan was made for the future. At the end of January a nurse, visiting in the neighborhood, heard of Mrs. James and reported the case to the Society for Organizing Charity. The Society for Organizing Charity visited, securing a full first interview and meeting no opposition from Mrs. James. Mrs. James did not mention the interest of the hospital social service department. This, however, was discovered by the Society for Organizing Charity in the course of their investigation.

The case was brought up before the Intake Committee at this point.

#### Points Brought up for Discussion.

1. What should have been done when Mrs. James was first known to the hospital social service department?

2. What course should be taken now? That is, should the responsibility for Mrs. James rest with the hospital social service department or should the case be transferred to the Society for Organizing Charity?

### Discussion.

1 and 2. The predominating problem in this case was social rather than medical. There was no health problem other than Mrs. James' pregnancy. The real problem was that of widowhood. It was obviously a case for the Mothers' Assistance Fund, but because the Mothers' Assistance Fund lacked the necessary appropriation they would be able to do nothing more than register the case. Mrs. James' opposition to the Society for Organizing Charity was probably ignorance, since she displayed no antagonism when the Society for Organizing Charity did visit her. The fact that the hospital social service department had been able to obtain money to use for Mrs. James' benefit in no way altered the status of the case.

### Decision of the Committee.

1. The hospital social service department should have kept the case long enough to overcome Mrs. James' objection to having the Society for Organizing Charity called in, and then the case should have been referred by the hospital social service department to the Society for Organizing Charity. A refer rather than a transfer would have been necessary at this time because Mrs. James had not yet been confined.

2. At the present time the case should be at once transferred to the Society for Organizing Charity.

### CASE 9. SCHMIDT.

(Current case at time of discussion.)

### Summary.

The Schmidts were a German family, having spent most of their married life in New York. Mrs. Schmidt was described as a typical German woman. Mr. Schmidt was a drinking man; their married life had not been happy.

In September 1916, the Juvenile Court referred the family to the Society for Organizing Charity. Just previous to this there had been a court order placed on Mr. Schmidt by the Court of Domestic Relations. The interest of the Juvenile Court was in placing Howard, a low-grade, feeble minded boy, who had had institutional care in New York for a time. When the case was referred to the Society for Organizing Charity, Mrs. Schmidt had been in Philadelphia eight months and Mr. Schmidt five months. There was much discussion of non-residence. Howard, the feeble-minded boy, was in the city hospital. Twice while the case was active with the Society for Organizing Charity Mrs. Schmidt was ill and under treatment at the city hospital. Both times the social service department placed the children through the Children's Bureau. The social service department of a general hospital were also interested in Mrs. Schmidt. Finally, in April 1917, the Society for Organizing Charity closed the case. Howard was then at home. In September 1917, the Society to Protect Children from Cruelty had a complaint but took no action.

In June 1918, the case was reported to the social service department of a third hospital. Mrs. Schmidt was in the hospital; she was worried about conditions at home. Mr. Schmidt was at home and she feared he was ill-treating the children. She had never been happy with him. The worker from the hospital social service department arranged with a neighbor to care for the children until Mrs. Schmidt's return. As soon as Mrs. Schmidt left the hospital, the social service department took up the question of having Howard placed in a feeble-minded institution. Shortly after this Mr. Schmidt deserted and the hospital social service department again interested the Court of Domestic Relations in Mrs. Schmidt. This hospital social service department neglected until four months after they became interested to consult any of the agencies who had previously known the case, excepting the Society to Protect Children from Cruelty. A few days after they finally consulted these records, word was received that Howard, the feeble-minded boy, was to be admitted at once to an institution. In order to go he was required to have a certain amount of clothing. Mrs. Schmidt was unable to furnish this. The hospital social service department then tried to obtain it from Mr. Schmidt's employer and from the church, unsuccessfully. The Society for Organizing Charity were asked to furnish clothing.

At this point the case was brought before the Intake Committee.

### Points Brought up for Discussion.

1. What should have been done by the hospital social service department when the case first came to their attention?
2. At the present time should the Society for Organizing Charity be asked to furnish clothing?

**Discussion.**

1. This case had been known to many agencies. It was an involved family problem, the medical question being entirely minor. At the present time, the family problem still predominated. Two general family agencies had already been interested. Had the hospital social service department, when they took up the case, consulted the other agencies, there would have been a better understanding of the situation. When the case came before the Intake Committee, however, the contact of the hospital was very strong and they had actually undertaken the family case work necessary. They had not only made arrangements for the placement of the child but had gone with Mrs. Schmidt to the Court of Domestic Relations. Should a hospital social service department deal with a distinctly non-medical problem? If they become involved, should they see the matter through?

**Decision of the Committee.**

1. At the time that the case came to the attention of the hospital social service department, a conference of the agencies previously interested should have been called. The case should then, when Mrs. Schmidt left the hospital, have been transferred to the Society for Organizing Charity as an involved family problem with an incidental medical problem.

2. The hospital social service department stumbled into a problem not properly theirs. However, they had become deeply involved, and their contact was so strong the Committee believed it would be necessary for them to continue until a point arose for a good transfer. As relief here was purely of an emergency kind incidental to treatment, the Society for Organizing Charity should not be asked to furnish it.

**CASE 10. POTTER.**

(Current case at time of discussion.)

**Summary.**

In March 1914, Mrs. Potter appeared at the dispensary of a hospital, having come from an up-state town expecting to enter the Maternity ward. Her husband was in jail in her home town for petty larceny. At this time she was described by the worker who interviewed her as "stolid, unmoral, dull, rather listless, but not unhappy." She was sent



by the social service department to a temporary shelter which she left the next day to go to a relative.

Mrs. Potter was not heard of again until July 1916 when she made personal application to the Society for Organizing Charity because her husband was out on strike. Three weeks later the social service department of a children's hospital became interested. One of the children was in this hospital. Their visitor found home conditions bad. The Society for Organizing Charity record was still open but they were doing nothing active on the case. In the middle of August the social service department of the children's hospital referred the case to the Society to Protect Children from Cruelty, who made one or two visits but took no action. The hospital social service department followed the case persistently for nearly a year. In November 1916, they referred the case to the original hospital where Mrs. Potter was confined. The social service department of the hospital considered the children's hospital in charge of the case, and did not take it up. In July 1918, a year after the children's hospital social service department closed their record, Mrs. Potter, with her 18 months baby, applied personally to the social service department of the first hospital, declaring that she was homeless. She told the worker that two of her children were dead and two living, one with her and one with a relative. The hospital social service department directed her to a temporary shelter and, apparently thinking the children's hospital still interested, informed them of their action. A few days later the temporary shelter, since nothing was being done, asked the Children's Bureau to take up the matter. This they did, making a slight investigation. In August, while the Children's Bureau was still interested, Mrs. Potter's step-mother went to a district office of the Society for Organizing Charity. She gave them a full history of Mr. and Mrs. Potter. She told them that Mrs. Potter had been immoral since she was 15 years old, that she had had an illegitimate child before her marriage, that her children were not properly cared for. The Society for Organizing Charity consulted the Children's Bureau, leaving the case with them. Mrs. Potter, however, made her own arrangements, and the Children's Bureau closed the case. This left Mrs. Potter under the care of no agency. December 1918, Mrs. Potter made a personal application to the Society for Organizing Charity. She wanted the children placed. The third child had died in the fall. On the 21st of the month, the older child was admitted to a third hospital suffering from mal-nutrition. On April 8th, while this child was still in the hospital, Mrs. Potter herself was admitted to the same hospital for an operation. The social service department became interested both in Mrs. Potter and the child.

This was the situation when the case came before the Intake Committee.

### **Points Brought up for Discussion.**

1. Within whose functions does this case fall, and what should be the present course with reference to it?

**Discussion.**

1. This case showed the result of a lack of responsibility. It was an involved family problem of a serious nature. but because there had never been any decision or definite outline as to the responsibility, no plan of treatment had been mapped out. The interest of the Society for Organizing Charity had never been strong and no real action had been taken by them. Contact could not be said to enter into the question. Because of the kind of problem, and the long continued neglect of the children resulting in the death of three, the case was apparently for the Society to Protect Children from Cruelty rather than the Society for Organizing Charity.

**Decision of the Committee.**

1. The Committee voted unanimously that this was a Society to Protect Children from Cruelty problem, and that the case should at this point be referred to the Society to Protect Children from Cruelty, the Society to Protect Children from Cruelty to take up the family problem, the hospital social service department working with them on the medical end.

**CASE 11. PERCY.**

(Current case at time of discussion.)

**Summary.**

See Part I., Page 119.

**Points Brought up for Discussion.**

1. Kind of problem.
2. On the basis of kind of problem, what agency should have been responsible for the case?
3. What agency should be responsible at the present time?

**Discussion.**

1-2. This case was from the beginning an involved family problem. There was, however, usually present a medical problem such as might arise in any family. Other problems were minor to that of drink and family adjustment. This was hardly a problem which should have been under the charge of

the social service department of a hospital. It appeared rather to be a problem for a family agency and because of the type, Society to Protect Children from Cruelty rather than Society for Organizing Charity. Should a social service department deal with an involved problem in which the main problem is non-medical?

3. Could strength of contact be ignored in this case? The family naturally turned to the hospital social service department. Long years of contact seemed to justify this.

#### **Decision of the Committee.**

1-2. This case from the beginning because of the predominating problem was one for a general family agency, in this instance the Society to Protect Children from Cruelty. At the different points when it came before the hospital social service department, and there was no special problem, it should have been transferred by them to the Society to Protect Children from Cruelty.

2. Because of the strength of contact the case should now, however, be in charge of the hospital social service department.

#### **CASE 12. WINTER-HUTCHINSON.**

##### **Summary.**

James Winter, an exceedingly ignorant American, a widower with four children, on the death of his wife took in Lizzie Hutchinson, a deserted woman with two children, as his housekeeper. Lizzie Hutchinson had been married previously to a worthless man, who had left her to go off with another woman with a bad record, with whom he had been living periodically ever since, their child having been removed from them by the Society to Protect Children from Cruelty. It was impossible for James and Lizzie to marry, but after a short time they lived together as man and wife and had four children. When her husband first deserted her in 1902, Lizzie Hutchinson had been known for a brief period to the Society for Organizing Charity. In 1906, the Society to Protect Children from Cruelty had a complaint that Lizzie's child Christine, was abused and made to work, but investigation showed that there was no proof of this. There were like complaints in 1911 and 1914, but again the Society to Protect Children from Cruelty were unable to find proof and thought that the complaints were instigated by Lizzie Hutchinson's mother, Christine's grand-mother, herself a woman with a very bad reputation, *who probably wanted to obtain Christine.* In August 1916, Lizzie Hutchin-

son was brought into a hospital suffering from pregnancy and cancer. Her daughter Christine, now married and living in her own home, told the hospital social service department, who at once took up the case, that she was willing to look after her mother's home as best she could. She also told them that two of Lizzie Hutchinson's children—boys of 12 and 14, were backward. The hospital social service department without making any investigation, and not having consulted the Society to Protect Children from Cruelty, referred the case to the Society for Organizing Charity to give advice and to help work out a plan during Lizzie's absence from home. The Society for Organizing Charity visited and talked to Christine, deciding that the case was a social service problem. The Society for Organizing Charity worker read the Society to Protect Children from Cruelty record and summarized it, but confused Lizzie Hutchinson with the woman with whom her husband had been living, and naturally misinterpreted facts. In their interview with the hospital social service department they gave the department their misinformation. The hospital social service department continued with the case hoping to provide convalescent care for Lizzie after the birth of her baby, but were unable to arrange this because Mr. Winter demanded that she come home to care for her home and children, although they explained that she was in no condition to do so. In the meanwhile, they had three of the children examined after much persuasion and found that they were all three feeble-minded, two of these being Mr. Winter's children and one the son of Mr. Winter and Lizzie. The family, however, were unwilling to have them placed and on account of Lizzie's condition the matter was not pushed. Immediately on hearing of Lizzie's death several months later, the social service department referred the case to the Society to Protect Children from Cruelty to see if the matter of having one of the boys placed in an institution could not be pushed.

#### Points Brought up for Discussion.

1. Should the social service department at the time they took up the case have referred it to the Society for Organizing Charity?
2. Should the case at the time of Lizzie Hutchinson's death have been referred to the Society to Protect Children from Cruelty?
3. Who should proceed with the case at the present time?
4. The question of summaries.

#### Discussion.

1. The hospital social service department knew little of the case when they called the Society for Organizing Charity

in. They had no real understanding of the situation. Although a family problem it was apparently of a predominating medical nature. There was no relief involved.

2. The hospital social service department had had the children examined and were thoroughly familiar with the case when they referred it to the Society to Protect Children from Cruelty. There was no question of prosecution. Was there any reason why the hospital social service department could not make the arrangements for having the boys placed, even if it were necessary to file a court petition?

3. Since the case had been referred, however, to the Society to Protect Children from Cruelty, and since they had already filed a petition in court, would it be better for them to proceed with the case? Would not the dealings be less involved?

4. This case again illustrated the danger of having the receiving agency make a summary which was not O. K'd. by the agency whose record was read. It showed particularly the danger in an involved case such as this.

#### **Decision.**

1. At the time of the woman's admittance to the hospital, the social service department did not know enough about the situation to warrant their calling in the Society for Organizing Charity.

2. There was some question whether this was a case for the Society to Protect Children from Cruelty at the time of Lizzie's death. Since the hospital social service department had taken the initiative all along, it might have been better for them to have visited at this point making arrangements if they met no opposition.

3. Since, however, they referred the case to the Society to Protect Children from Cruelty and since the Society to Protect Children from Cruelty had filed a petition, the case should now be transferred to them.

4. If the receiving agency summarizes a case record, the summary must be O. K'd. by the agency whose record has been summarized.

## 2. The Family Agency and the Girls' Agency.

The relationship between the family agency and the specialized girls' agency has already been discussed in Part I of this report. In considering any cases involving the Mothers with Children Department of the Children's Bureau the change in policy and organization of that department since the beginning of this study, must be remembered. As was pointed out, when the study of closed cases was made, this department of the Children's Bureau was little more than an agency securing service places for mothers with children. At the time of the discussion of closed cases it was considered from this point of view. When the Intake Committee took up the discussion of current cases, the department had been reorganized and was then an agency doing intensive case work with unmarried mothers. Decisions on current cases were made with this in mind.

### CASE 13. MARR.

#### Summary.

The Marr family consisted of a father, mother, seven children and a man boarder. The home standard was low and conditions were gradually becoming worse. Mr. Marr was a hard drinker, occasional deserter and irregular workman. Mrs. Marr worked steadily at day's work, evidently letting the family slide from lack of time and inability to cope with the situation; the oldest son was married, living away from home. Both he and his wife were drinking. The second son, Stephen, a man of 30, was an epileptic. Two daughters were married. Both were described as shiftless and running shiftless homes. Harry, a boy of 19, was drinking and not working; he finally went to live with a married woman. Isabel, aged 16, a mill hand, worked irregularly and went with a "bad gang." Rose, the youngest child, a girl of 11, attended school irregularly and was frequently at home alone with the man boarder.

A mission had worked with the family for 17 years. In February 1916, the Girls' Aid became interested in Isabel, and after making an investigation, referred the case to the Society for Organizing Charity for rehabilitation, and particularly to obtain institutional care for the epileptic son and to get Rose, the 11 year old girl, in school. They probably did this because they realized at once that it was a family rather than an individual problem. From the time they referred the case to the Society for Organizing Charity there was much duplication in the treatment of the case, not only in the investigation, but in the visiting of the two agencies. The Girls' Aid visitor, calling to see Isabel, found Stephen and Rose at home, and the visitor of Society for Organizing Charity, calling to make arrangements for Stephen and Rose found Isabel at home. It was impossible in dealing with Isabel for the Girls' Aid to escape the

family situation and the work of the Society for Organizing Charity was balked by the family's resentment of so much visiting.

### Points Brought up for Discussion.

1. Kind of problem.
2. Was this a case for a family agency, a specialized agency, or both?

### Discussion.

1 and 2. The problem in this case was of an involved family type. Bound up with it, however, were many individual problems, all dependent on the family problem and resulting from it. It brought up several questions: Can a specialized agency dealing with an individual in a family separate that individual in its treatment from the whole family problem? Can a general family agency ignore or avoid the problems of separate individuals when they are handling the family problem? Can a specialized agency, doing intensive case work, and a general family agency, work simultaneously with a family?

### Decision of the Committee.

1. This case was an involved family problem, from which the specialized problem could not be separated.
2. It was not a case for two agencies. Since it was an involved family problem and since this was apparent from the beginning it should have been transferred rather than referred to the Society for Organizing Charity by the Girls' Aid.

### CASE 14. SCHILLER.

(Current case at time of discussion.)

### Summary.

Mary Schiller was about to become an unmarried mother. She was living at home with her father and her two sisters, the older of whom kept house. A third sister was married and apparently living happily. She had had an illegitimate child before marriage. The father was exceedingly antagonistic and unwilling to have Mary in his home, and she was not at that time anxious to marry the father of her child, nor was he ready to assume the responsibility. Mary was placed by the Girls' Aid in a maternity home, where she remained a year. During this time, the Girls' Aid took a friendly interest in her and worked with her family so that by the time she was ready to leave the institution, her father was willing and ready to receive her and her baby. She was carefully supervised by the Girls' Aid. There was occasional talk of her marriage

but this was not pushed. The Girls' Aid instead of taking the matter into court, had made arrangements by which the father of the child paid regularly for Mary's care and board and the support of her child. Finally, after about a year, he and Mary were married. The Girls' Aid supervised them for a short time until Mary was well established in her home, and then closed their record. Something more than a year after this, the Girls' Aid worker, who had always been the visitor on this case, received a postal from Mary asking her to call. On doing so, she found that Mary's husband was not working and that there had been a quarrel, probably exaggerated by Mary, who was pregnant.

This was the situation at the time the case was brought before the Intake Committee.

#### **Points Brought up for Discussion.**

1. On the basis of the fact that the case had become a family problem, should it be transferred to the Society for Organizing Charity?

#### **Discussion.**

This case had ceased to be a specialized problem. Had the case never been known to any agency it would, undoubtedly, at this point fall to the Society for Organizing Charity. It was, however, known for a long period and successfully handled by a girls' agency. The worker who had always been on the case was still with the agency. Should strength of contact in an instance like this play a stronger part than the function of the agency, especially since the same worker was still present, or should the change in the kind of problem be a determining point? Would it be possible to overcome the loss made by calling in a new agency if a good transfer were made by a joint visit of the worker who knew the case and the worker who was to take it up?

#### **Decision of the Committee.**

This case should remain with the Girls' Aid on the principle that personal contact should not be broken. In this particular case the worker was familiar both with the man and woman, and there was a possibility that the matter could be straightened out with very little effort. It is well to be guarded by the individual case and not to be too rigid in adhering to the limits of an organization. Should this case prove to be an involved family problem, a transfer might later be considered.



## CASE 15. GLASSY.

(Current case at time of discussion.)

**Summary.**

The Glassy family, consisting of father, mother and four children, were first known to the Society for Organizing Charity March 1914, because Mr. Glassy was making small wages. In February 1916, the case was again reported to the Society for Organizing Charity because Dorothy, the second daughter, a paralytic, was working in a mill and not physically able to. Mr. Glassy was making only \$11 a week. He had had several accidents during the winter and the family were in debt. The Society for Organizing Charity had Dorothy examined at the State Dispensary, where she was pronounced non-tubercular, and later at a hospital because of some kind of fits she was subject to. The Society for Organizing Charity did not close the case but dropped it until January 1917, when the Girls' Aid asked them for a summary. The Society for Organizing Charity then made one visit, and the Girls' Aid hearing of this, asked them to leave the case in their care, which the Society for Organizing Charity did. In the meanwhile, December 1916, the Girls' Aid had reported to them the case of Elinor Hayward, of whom Mrs. Glassy was a friend, and with whom Elinor went to stay. In January, Sarah, the older Glassy girl, ran away from home and Mrs. Glassy asked the Girls' Aid to become interested in her, and in May, at Mrs. Glassy's desire, they took up the case of Dorothy and had her examined. In August, at the instigation of the Girls' Aid, Mr. Glassy was examined and found to have tuberculosis. This complicated the family situation and after talking it over with the Girls' Aid, the hospital social service department referred the case to the Society for Organizing Charity. In the meanwhile, Elinor Hayward, who has been living at Glassy's, was found to be pregnant; she refused to board elsewhere or to go into a maternity home. The Girls' Aid continued their interest in all three girls while the Society for Organizing Charity were supposed to be interested in the family as a whole and the hospital social service department in the medical side of the case. There was much duplication in visiting. It was impossible for either agency to avoid the family situation, and considerable conflict about the plans best to be carried out for the benefit of the family, the Girls' Aid feeling that it was a case for relief and the Society for Organizing Charity feeling, from evidence they had obtained, that the Girls' Aid had a wrong conception of the situation.

**Points Brought up for Discussion.**

1. Kind of problem.
2. Relationship of agencies in a family problem containing many individual problems.

**Discussion.**

1. This was a confusing case from the point of view of

kind of problem. It contained four distinct specialized problems; that of the two Glassy girls, of Elinor Hayward and of Mr. Glassy. That is, there were three girl problems and one long drawn out medical problem. It was, nevertheless, distinctly the problem of the family as a whole with Mrs. Glassy the predominating factor in the family situation.

2. The difficulty throughout this case arose from the fact that no one agency was in charge. The interest of the hospital social service department was minor, especially as they were not visiting at the home, but there was much conflict between the Girls' Aid and the Society for Organizing Charity. It was impossible for either agency to avoid the problem either of the individuals or the family. No plan was possible for an individual without taking into consideration the family, and the family plans were entirely dependent on the work with individuals. It not only seemed to point to the difficulty when the responsibility for treatment does not rest with one agency, but it also seemed to show that it is a very difficult matter for a girls' agency working with a girl in the home, and a family agency, dealing with the family, to work simultaneously on a case.

#### **Decision of the Committee.**

1-2. No definite decision was arrived at on this case since it was felt that the problems presented needed more study. The Committee recognized it as an involved family problem with many individual problems. It showed strongly the difference between a family problem and a multiple problem in a family group with individual problems. It brought out also the need for having one agency responsible for the plan of treatment. In this particular instance the feeling was that the case could not have been successfully handled by the two agencies, even with one agency in charge. It showed also that relief could not be considered or handled as a separate problem. It entered into the general plan as did all other problems and was of equal importance both to the general family agency and to the specialized agency.

## CASE 16. WINASKI.

(Current case at time of discussion.)

**Summary.**

The Winaski family were first known to the Society for Organizing Charity October 1916. Mr. Winaski had deserted three years previously and no trace of him had been found. There were two children, Marie and Elizabeth, 15 and 11. Mrs. Winaski was run down from over-work and lack of food. She had been a scrub woman for years. Marie was working but had difficulty in keeping a job. She was bright but inclined to play. The Society for Organizing Charity secured medical treatment for Mrs. Winaski, and supplemented Marie's wages until Mrs. Winaski was again able to work. In April 1917, after various attempts to interest Marie in her work, the Society for Organizing Charity referred the case to the Girl's Aid. For a time both agencies worked together and there was considerable duplication. Although neither agency had actually dropped it, the Society for Organizing Charity had, however, taken no active interest since 1918, and had made no visit since December. In May 1919, Mrs. Winaski was again ill, and in need of care. Marie was working, but there was disagreement at home because Mrs. Winaski required her to stay in to do the housework.

This was the situation at the time the case was brought before the Intake Committee.

**Points Brought up for Discussion.**

1. Should both the Society for Organizing Charity and Girls' Aid continue on this case?
2. If not, which agency should continue?

**Discussion.**

1-2. This case had originally been a family problem with a minor girl problem. The problems were very closely related at all times. It is doubtful if it should ever have been a case for two agencies. As the situation stood when the case was brought up, the problem of the girl could not be separated from the family problem. However, the Girls' Aid had the stronger contact and it seemed probable that more could be done from the angle of the girl. This problem was the irritating note in the family situation.

**Decision of the Committee.**

1. This case as it stood in May, 1919, was a case for one agency.
2. The case should be transferred by the Society for Organizing Charity to the Girls' Aid.

### 3. The Family Agency and the General Department Children's Bureau.

#### CASE 17. MALPIEDO.

(Current case at time of Discussion.)

##### Summary.

The Society for Organizing Charity first knew this family in August 1914. Mr. Malpiedo was out of work. They found him to be a difficult and unreliable man who probably misrepresented the situation. In August 1915, the Juvenile Court asked the Children's Bureau to provide care for Tony who was incorrigible and possibly feeble-minded. Tony had first been known to the court in May 1914, when he was brought in on a charge of larceny. He had been in court a number of times since, having at one time been admitted to a correctional institution. Finally, in 1915, he was placed in an institution for observation, where he remained a number of months. The Malpiedo home was investigated several times during this period and conditions were found to be bad. Mr. Malpiedo was in bad health but his physical condition did not account for all the trouble. It was difficult to arrive at the true situation. In April 1915, Tony was returned home. In addition to the interest of the Juvenile Court, Mrs. Malpiedo was well known to the Court of Domestic Relations.

February 1919, Tony and a friend ran away to another city. The Associated Charities of that city asked the police to verify the address given by the boys, which they did. The Associated Charities then telephoned to the Society for Organizing Charity, asking them to meet the boys at the station. The Society for Organizing Charity asked the Travelers' Aid Society to do this. The Travelers' Aid agent met the boys and then wrote a letter to the Society for Organizing Charity, requesting that they follow up the case as they felt that the conditions in Tony's home warranted some action.

##### Points Brought up for Discussion.

1. By what agency should the case be taken up?

##### Discussion.

1. Was the case a family problem or simply the problem of a difficult boy? Had anything ever been accomplished in the family by the interest of the Juvenile Court in the boy? Was not the basis of the whole situation the family problem? Did not the question of the family influence on the younger children come in? This case had already been known to the Society for Organizing Charity, the Children's Bureau, the Juvenile Court and the Court of Domestic Relations. It had, however, never been treated as a family problem.

**Decision.**

1. There were fifteen members of the Committee present; eleven voted that the case should go to the Society for Organizing Charity; two believed that it was a case for the Children's Bureau; and two were doubtful. The case went to the Society for Organizing Charity.

**4. The Family Agency and the Department for Mothers With Children of the Children's Bureau.**

**CASE 18. NORTON.**

**Summary.**

Mrs. Norton had been separated from her husband five years and had not heard of him since. She had one child, Samuel, five years old, and an illegitimate baby, three months old. After her separation from her husband until the birth of her illegitimate child, she had lived at home with her parents and gone out to work, but her father put her out before the birth of the baby and had been unwilling to have any contact with her since. Her mother secretly helped her in whatever way was possible. The Society for Organizing Charity had known Mrs. Norton in 1912, when she was first having trouble with her husband, but their contact then had been very brief. In November 1916, Mrs. Norton herself applied to the Society for Organizing Charity. They urged her to prosecute the baby's father, arranged with her mother to care for her older child and provided temporary care for Mrs. Norton and the baby. In January, they transferred the case to the Department for Mothers with Children of the Children's Bureau for a service place for Mrs. Norton with her baby. The Children's Bureau secured service for her and continued to supervise her during the period while she was at service. In March 1917, they discovered that her eyes needed attention and referred her to the Society for Organizing Charity asking them to have this done. The Society for Organizing Charity took her to the dispensary to have her eyes examined and lent her the money to purchase her glasses, which she afterwards repaid, and again left her at service with the Children's Bureau. When Mrs. Norton decided that she no longer cared for service and wanted to go back to her work in the mill, instead of transferring the case back to the Society for Organizing Charity, the Children's Bureau followed her up in her home in Philadelphia, advised her against taking a man boarder, as she was about to do, and handled the case from the family point of view. She finally disappeared and the case was lost altogether.

**Points Brought up for Discussion.**

1. Kind of problem.

2. What agency should have been responsible for the case as a whole?
3. To which agency should the providing of glasses have fallen?
4. When Mrs. Norton left service what agency should have followed the case?

**Discussion.**

1. The problem involved a married woman, deserted, with one legitimate and one illegitimate child. It was a case previously known to the Society for Organizing Charity as a desertion case and at the time of the 1916 application appeared rather to be a general family problem than the problem of a mother with an illegitimate child.

2. If the case was to be considered as a general family rather than a specialized illegitimacy or even family illegitimacy problem, it was a case for the Society for Organizing Charity. On the principle that it was a case for the Society for Organizing Charity, the Society for Organizing Charity would be in charge of all the case work. Placement here was incidental. However, since the Bureau was doing special placement work and was able to supervise, this would probably justify their having been called in.

3. There was no reason for the Society for Organizing Charity to be interested as long as Mrs. Norton was in the country under the care of the Children's Bureau. The Children's Bureau worker was in touch with the case. There was not even a relief question involved since Mrs. Norton was able to pay for her glasses out of her wages. Was the Children's Bureau justified in asking the Society for Organizing Charity to step in in order to see that she got glasses?

4. This would depend on the decision as to which agency should originally have been in charge. If it was decided that it was a Society for Organizing Charity family problem, the situation remaining the same as it originally had been, the case should have been returned to the family agency as soon as the special job of the Children's Bureau was completed.

**Decision of Committee.**

1. This was a Society for Organizing Charity case since it was a general family problem.

2. Following the above decision it should have been in charge of the Society for Organizing Charity. Placement was incidental and although the Society for Organizing Charity were justified in closing their record while Mrs. Norton was in the country under the care of the Children's Bureau, their responsibility did not actually end there.

3. The Children's Bureau should not have asked the Society for Organizing Charity to attend to the matter of glasses. This was an incidental matter coming up while Mrs. Norton was under the care of the Children's Bureau and they should have taken it up.

4. On the basis of the decision that the problem was one for the Society for Organizing Charity to handle; that they were the agency in charge, the work of the Children's Bureau being purely incidental, the case should have been transferred back to the Society for Organizing Charity by the Children's Bureau when Mrs. Norton left service.

#### CASE 18. GREEN.

##### Summary.

The Department for Mothers with Children of the Children's Bureau first became interested in this case in January 1915. At that time Victoria Green, a colored girl, less than 17, had had her second illegitimate child. The older child had been taken by a relative in another city and never entered into the case. Victoria had been brought North by an aunt who made a drudge of her and treated her miserably. The Children's Bureau placed her at service several times and had her health looked after. Toward the end of 1915, Victoria met by chance the father of her baby and they decided to be married, which they did immediately. The Children's Bureau then dropped the case. In March 1916, Victoria herself appealed to the Bureau. She was in bad health and she and her husband, who was making very small wages, were not getting on together. The Children's Bureau took up the case as a family problem, again had Victoria's physical condition looked into, gave her shoes for the baby and carfare and food in an emergency. They struggled with her problem until November, when they referred her to the Society for Organizing Charity, themselves continuing to visit for a short time.

##### Points Brought up for Discussion.

1. In March, 1916, when Victoria appealed to the Bureau, what should the action of the Bureau have been?

**Discussion.**

1. There were several points to be considered when the case was reopened by the Children's Bureau in 1916. First, there arose the question of kind of problem. Was it any longer a problem for the Children's Bureau or had it become a problem of general family adjustment? If a problem of general family adjustment, was contact in this instance so strong that the Children's Bureau were justified in ignoring any limitations of function? The point was also brought out that on the basis of the record and of Mrs. Green's unhappy history from childhood, the chances for adjustment after marriage were slim. Should the case have been closed when Mrs. Green married? The method of transfer would be very important in a case like this. It seemed likely that where contact is strong if the transfer were carefully made, transfer might become possible without actual loss to the case. How should this transfer be made? Would it not be possible to have the workers from the two agencies visit, the new worker first having read the record and thus obtained a full understanding of the case? She would, of course, talk the case over with the worker who was familiar with it.

**Decision of the Committee.**

1. At Mrs. Green's marriage the problem ceased to be that of an unmarried mother and became a family problem. The history justified the assumption that the case ought not be closed. The contact of the Children's Bureau was not such as to justify their continuing with the case. This case should have been transferred to the Society for Organizing Charity upon Mrs. Green's marriage. Since this was not done, it should have been transferred when Mrs. Green made application to the Children's Bureau in March, 1916. The transfer should have been made by a joint visit of the Children's Bureau and the Society for Organizing Charity workers.

**CASE 20. WANOSKI.**

(Current case at time of discussion.)

**Summary.**

Mrs. Wanoski asked help of the Society for Organizing Charity in August 1918, saying that her husband had deserted. She believed that he had gone west, taking with him his 12 year old son by a former



marriage. Mrs. Wanoski had with her three children; a boy of two and twin babies, eight months old. The Society for Organizing Charity at once took the case up as the problem of a deserted woman. In the course of their investigation it was brought to light that Mrs. Wanoski was probably not married to Mr. Wanoski. Search was made and no proof of the marriage could be found. The nurse who had attended Mrs. Wanoski when the twins were born, and who had seen Mr. Wanoski, believed they were not married. The question also arose as to whether the oldest of the three children was Mr. Wanoski's child. It turned out that Mr. Wanoski had been previously married and divorced. His wife was now re-married and living in a western town. Mr. Wanoski was located in Chicago with his son. He frankly admitted that he and Mrs. Wanoski were not married. Further investigation disclosed the fact that Mrs. Wanoski had been married in Poland and when she came to this country left three children there. In New York, her first residence in this country, she had become the mother of two illegitimate children who were probably still in that city. Mrs. Wanoski was given a psychological examination and found to be sub-normal mentally. She was devoted to her family and kept a fair home.

This was the situation when the case was brought before the Intake Committee.

#### **Points Brought up for Discussion.**

1. Should the case be transferred to the Department for Mothers with Children of the Children's Bureau as an illegitimacy problem, or should the Society for Organizing Charity continue with the case as a general family problem?<sup>1</sup>

#### **Discussion.**

This case undoubtedly presented an illegitimacy problem. It was, however, an involved problem of a family nature. The Society for Organizing Charity had already done much work on the case as a desertion problem before the fact of illegitimacy was established. Did the fact of illegitimacy really change the status of the case?

#### **Decision of the Committee.**

1. It was the unanimous decision of the Intake Committee that the Society for Organizing Charity should continue with the case for the present. A further report was requested after fuller information had been obtained.

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<sup>1</sup> The re-organization of the Department for Mothers with Children of the Children's Bureau had taken place at the time this case was brought before the Intake Committee.

A fuller report was made on this case at the end of a month. Mr. Wanoski and his son had then returned and were living with the family. Home conditions were good. There arose the question of the advisability of this 12 year old boy's living in this home. Mrs. Wanoski was said to be a good housekeeper and kept the children beautifully. The 12 year old boy was apparently fond of her. The Committee again voted to leave the case with the Society for Organizing Charity as a family problem.

#### CASE 21. KELLY.

(Current case at time of discussion.)

##### Summary.

Between June 1911 and April 1917 the Society for Organizing Charity knew the Kelly family four times. On each occasion Mr. Kelly was working irregularly and drinking too much and Mrs. Kelly had either just been confined or was expecting confinement. The family were leading a hand to mouth existence and their standard was generally low. Little was accomplished. In April 1917, a priest again reported the case to the Society for Organizing Charity. Mrs. Kelly was dead. The baby had been placed with a relative. Mr. Kelly and the five other children were living alone. The children were placed in a day nursery but the ten year old girl really had the care of them. Mr. Kelly when seen stated that he intended either to marry again or to get a housekeeper. He appeared to have risen to the situation with unexpected force. He was doing his best, although conditions were anything but satisfactory. After making an investigation, the Society for Organizing Charity arranged with an institution to accept four of the children. The Society for Organizing Charity worker continued her interest in Mr. Kelly. He lived with relatives for a time but in October he took a house and had living with him Maggie O'Donovan, a young girl, the mother of an illegitimate child, whose father was under court order. This girl was reported to be infatuated with Mr. Kelly. In January, it was discovered that she was pregnant by him. Although Mr. Kelly was contented to have her live in his home, treated her kindly and with respect, he definitely refused to marry her.

Even during the periods when the problem was apparently solved, the Society for Organizing Charity continued their interest. The case had been active with them for a period of two years when it was brought before the Intake Committee, the situation as described then existing.

##### Points Brought up for Discussion.

1. Should the Court, the Department for Mothers with

Children of the Children's Bureau or the Society for Organizing Charity continue with this case?

**Discussion.**

1. This case, although contact was strong, depended upon the long continued interest of the Society for Organizing Charity rather than on contact, since the worker who had always handled the case was no longer with the Society for Organizing Charity. The kind of problem rather than contact would, therefore, be the point of decision. The problem was undoubtedly a family problem, involving a widower with children, although there was a distinct secondary problem of an unmarried mother. In this instance, it would be difficult to separate her from the whole family problem. If Mr. Kelly married Maggie the immediate illegitimacy problem would disappear. If, on the other hand, Maggie was persuaded to leave Mr. Kelly, she would then constitute a separate problem.

**Decision of the Committee.**

1. The Society for Organizing Charity should continue with the case.

2. If Maggie left Mr. Kelly her problem should be transferred to the Children's Bureau, the Society for Organizing Charity to continue with Mr. Kelly and his family. Until Maggie left, the Society for Organizing Charity should remain in charge.

RELATIONSHIP OF TWO FAMILY AGENCIES WORKING TOGETHER  
ON THE SAME CASE.

The relationship of the two family agencies, the Society for Organizing Charity and the Society to Protect Children from Cruelty, has been much discussed in Part I of this report. It has been shown to bring up the most complicated questions met with. It will be seen that these cases frequently involved not only two family agencies, but often one or more specialized agencies as well.

CASE 22. HENDERSON.

**Summary.**

Mr. Henderson was old and unemployed because of bad health, resulting from a severe hernia. Two daughters by his first marriage were

married and settled in comfortable, respectable homes. His second wife was a woman 20 years younger than he and a hard drinker. There were 5 children of this marriage of whom the oldest, Laura, a girl of 18, had an illegitimate child, which her drinking mother was caring for. Laura was known as an immoral girl. The case was referred to the Girl's Aid in September 1915 by a settlement that had long been interested in the family. The interest of the Girls' Aid was solely in Laura, whom they supervised for over a year without any real effect. She had been in the care of their shelter and had had a position in a hospital, also much interested in her welfare. Her marriage to the father of her child had been discussed, the settlement and Girl's Aid disagreeing about this. The couple had gone so far as to get a marriage license when the man committed suicide. In the meanwhile, the Bureau of Compulsory Education had become interested in the family because John, a boy of 14, was not attending school and was working illegally. They had talked to Mr. Henderson and attempted to secure him a position. They were unaware of the interest of the settlement or the Girls' Aid, and failing to secure work for Mr. Henderson, they referred the case to the Society for Organizing Charity. At the same time, without any knowledge of the action of the Bureau of Compulsory Education, the Girls' Aid transferred the case of the family to the Society to Protect Children from Cruelty, who had had a short record back in 1911, when they had supervised for a few months, and also transferred the case of Laura to the Children's Bureau probably because of the agreement then existing that unmarried mothers should be handled by the Bureau. The Society to Protect Children from Cruelty and the Society for Organizing Charity both made a slight investigation, the Society for Organizing Charity sending some relief. A little over a month after they received the case, both agencies, after consultation, decided that there were too many agencies active. The Society for Organizing Charity then closed their record, leaving the case with the Society to Protect Children from Cruelty. A week later the Society to Protect Children from Cruelty, knowing of the interest of the Children's Bureau and the settlement, closed their record. The Children's Bureau kept up a slight contact with Laura, who finally married a man who had been a boarder in her home for sometime, and then they too dropped out.

### Points Brought up for Discussion.

1. Kind of problem.
2. Should the Girls' Aid have transferred the case to the Department for Mothers with Children of the Children's Bureau?
3. What should have been the action of the Society to Protect Children from Cruelty and the Society for Organizing Charity?

**Discussion.**

1. This case was a general family problem of an involved nature. It was, however, complicated by strong individual problems. There was a question whether Laura did not constitute a separate specialized problem. The case as a whole seemed to be of a Society to Protect Children from Cruelty rather than a Society for Organizing Charity type, because of the character of Mrs. Henderson.

2. The transfer of the Girls' Aid as far as Laura was concerned was made on the basis of the agreement referred to in Part I, page 84. Since the Girls' Aid had always worked with Laura and the contact was entirely on their side, would this transfer have been justified had there been no such understanding? Was she not their problem to see through?

3. This case illustrated the difficulty of having two family agencies on one case. There were too many agencies, aside from the family agencies, active on this case at one time. If one agency was to be in charge, and that agency a family agency, the work of co-ordination was bound to be difficult and confusing with a second family agency interested.

**Decision of the Committee.**

1. This case in the main was a family problem of a Society to Protect Children from Cruelty type. The question of Laura was discussed but no decision made. The feeling was that since she was away from home the better part of the time, there was justification for a specialized agency's dealing with her.

2. The Girls' Aid should not have transferred Laura to the Children's Bureau.

3. The Society for Organizing Charity should have dropped out.

**CASE 23. BOYLE.**

(Current case at time of discussion.)

**Summary.**

The Society to Protect Children from Cruelty knew the Boyles first in September 1913, when Mrs. Boyle was committed to the House of Correction for immorality and neglect of her children on slight evidence and the word of her husband. The children at that time were committed to them for care. Further investigation and a more complete

knowledge of the case convinced the Society to Protect Children from Cruelty that the commitment had been unjust and that the man's testimony against his wife was largely due to his mental condition. The children were returned home. Long and careful supervision on the part of the Society to Protect Children from Cruelty never brought forth any evidence against the mother, and the children finally were formally discharged to the parents. Mr. Boyle worked steadily, his earning capacity at all times being low, and his mental condition constantly showing itself in his suspicion about his wife and others. The Society to Protect Children from Cruelty's interest in the family included not only supervision but occasional assistance in the form of coal and clothing and summer outings, including board. In May 1916, Mr. Boyle was not working steadily and the family was referred to the Society for Organizing Charity by a settlement. They visited and gave relief for about a month, but dropped out as the Society to Protect Children from Cruelty were still interested and supervising, and it was simply a case of temporary relief. During all this period a hospital social service department had been interested in the physical condition of the family; in the oldest boy, particularly, as he had a bad heart condition. In June 1916, Mrs. Boyle developed tuberculosis and the social service department arranged to have her go away for sanatorium care. At the same time they arranged seashore care for the two younger children, further care for the older boy having been arranged by the Society to Protect Children from Cruelty. Without consulting the Society to Protect Children from Cruelty the social service department then referred the case to the Society for Organizing Charity for carfare for the children to the seashore, and a week later for clothing and carfare for Mrs. Boyle. At the same time they referred it to the Children's Bureau to place the children during the mother's absence. The Society to Protect Children from Cruelty continued their interest while Mrs. Boyle was in the sanatorium. In November 1917 (nearly a year and a half later) Mrs. Boyle was ready to be discharged. The Society to Protect Children from Cruelty then referred the case to the Society for Organizing Charity to re-establish the home as they were no longer able to pay the board for the children and Mr. Boyle, whose right arm had been very seriously injured in an accident, had no income except the compensation which he was receiving, amounting to one half of his normal wage. Mr. Boyle at this time was under treatment at the hospital. The three agencies continued their interest, the Society for Organizing Charity giving regular relief, which was supplemented by the hospital social service department and the Society to Protect Children from Cruelty. Because of a long and successful contact with the Society to Protect Children from Cruelty the family naturally turned to them for advice on all occasions.

This was the situation when the case was presented to the Intake Committee in July 1918.

**Points Brought up for Discussion.**

1. From the beginning was this the kind of family problem to be dealt with by the Society to Protect Children from Cruelty or should it have been a Society for Organizing Charity case?

2. In May, 1916, when it was referred to the Society for Organizing Charity by the settlement while the Society to Protect Children from Cruelty was actively interested and doing the family case work, should the Society for Organizing Charity have taken up the case or left it with the Society to Protect Children from Cruelty when it was only a matter of temporary relief?

3. In the following June, should the hospital social service department have referred the case to the Society for Organizing Charity for carfare for the children and carfare and clothing for Mrs. Boyle when the Society to Protect Children from Cruelty was doing the family work on the case?

4. Should the hospital social service department have referred the children to a children's agency or should the Society to Protect Children from Cruelty have been the one to refer it as the agency taking the responsibility for the family work?

5. In November, 1917, when Mrs. Boyle returned from the sanatorium should the Society to Protect Children from Cruelty have referred it to the Society for Organizing Charity?

6. At the time it was discussed by the Committee (July, 1918), should the three agencies continue to work with the family and what should be the function of each? There was a predominating health problem: Mr. Boyle's injured arm which did not heal and his mental condition; Mrs. Boyle's previous history of tuberculosis and the boy's heart trouble. There was also a relief problem which probably would continue for a long period. There seemed to be no question of wilful neglect.

**Discussion.**

1. The information in 1913 was meager. The case seemed at the time to be a Society to Protect Children from Cruelty type. From fuller knowledge of the case gained at a

later date, it was apparently not a Society to Protect Children from Cruelty but Society for Organizing Charity type of case. This, however, was not found until the contact established by the Society to Protect Children from Cruelty was very strong.

2. In May, 1916, the Society to Protect Children from Cruelty were actively in charge of the family work and supervision. The relief problem was purely temporary and incidental. Is there justification for calling in a second family agency, when a case is already in charge of a family agency, simply to furnish temporary relief?

3. The same situation existed in June. The Society to Protect Children from Cruelty were in charge. This was known to the hospital. Should the social service department have expected the Society for Organizing Charity to furnish emergency relief, and even if the Society for Organizing Charity was the agency to furnish the emergency relief, should not the social service department have left the arrangements to the Society to Protect Children from Cruelty, the agency in charge?

4. The Society to Protect Children from Cruelty were in charge of the case as before. They had made all the plans and knew the situation. Should not the social service department have turned to them? If an agency is in charge of a case should not they, under all circumstances, be consulted before any general or special arrangements are made?

5. In November the family situation was more complicated than at any time. There had previously been a temporary relief problem, but there now arose the possibility of a long drawn out relief problem. Contact, however, could not be ignored and the work of two family agencies meant conflict. If the Society to Protect Children from Cruelty was to continue in charge of the family work, was there any justification for a third family agency entering the situation as a relief agency?

6. Three agencies were active, two family agencies and a specialized agency. There was a predominating health problem complicated by a long drawn out relief problem. The strength of contact of the Society to Protect Children from Cruelty was strong but the Society for Organizing Charity likewise had favorable contact. Considering the problem as a whole and



the decision on question 1, would not the case at this point be better off with the agency to whom it originally belonged in charge?

**Decision of the Committee.**

1. Had the information been fuller when the family was first known, it probably never would have been a Society to Protect Children from Cruelty case. It was, however, a case for a family agency and, therefore, would have been a Society for Organizing Charity case.

2. The Society for Organizing Charity should not have accepted the case in 1916, as it was only a temporary relief problem and the Society to Protect Children from Cruelty were actively supervising.

3. The hospital social service department should not have referred the case to the Society for Organizing Charity, another family agency, as the Society to Protect Children from Cruelty were doing family work. The temporary relief problem should have been left with the Society to Protect Children from Cruelty.

4. The hospital social service department should not have referred the case directly to the Children's Bureau. This was part of the family work, and the Society to Protect Children from Cruelty were assuming responsibility of the family work.

5. The Society to Protect Children from Cruelty should have assumed the whole responsibility in 1915 or else they should have transferred the case to the Society for Organizing Charity. In either instance, the social service department should have functioned as medical social advisers, leaving the family work to the agency in charge.

6. At present the case should be transferred by the Society to Protect Children from Cruelty to the Society for Organizing Charity with hospital functioning as in paragraph 5. This transfer should be brought about by a joint visit by the Society for Organizing Charity and the Society to Protect Children from Cruelty visitors who would explain the plan to the family.

## CASE 24. DAY.

**Summary.**

The Day family was first known to the Society for Organizing Charity in 1904 and to the Society to Protect Children from Cruelty in 1906. In 1906, Mrs. Day, whose first husband had committed suicide, had been married to Mr. Day four months. She was accused of neglecting her children. The case was not known to either agency again until 1914. In April 1914, it was reported to the Society for Organizing Charity, but they found no need and closed their record. In May 1914, a complaint was made to the Society to Protect Children from Cruelty. Mr. Day drank and neglected his family. Mrs. Day had deserted. At this time the family was broken up. Jennie, the baby, was placed by Mr. Day in care of a very low grade woman. The other two children were placed with Mr. Day's aunt. In November 1914, all of the children were placed on probation. Jennie was removed from her caretaker and given to her mother. The Society to Protect Children from Cruelty left the case under care of the Juvenile Court. In June 1915, they again had a complaint. On this occasion their only action was to communicate with the court. The next November, Mrs. Day made a personal application to the Society for Organizing Charity. The family were found to be living in miserable, dirty surroundings. A little relief was given and then the Society for Organizing Charity dropped the case. In October, the Society to Protect Children from Cruelty again heard of the family but took no action since they considered the court in charge.

In April 1918, Mr. Day asked the Children's Bureau to arrange care for his children. Mrs. Day had deserted. The Children's Bureau took up the case and made an investigation consulting the agencies interested, and discussed the matter with the Society to Protect Children from Cruelty. However, Mr. Day made plans to move; since he would not tell the Children's Bureau where he was going, the Children's Bureau closed the case. The next day the case was reported to the Society for Organizing Charity. Conditions were worse than ever. Several days later on consulting the Children's Bureau, the Society for Organizing Charity were told of the recent Society to Protect Children from Cruelty interest. They, however, continued the investigation, referring it a few days later to the Society to Protect Children from Cruelty, who again took it up in October, finally having the children committed to their care.

**Points Brought up for Discussion.**

1. Kind of problem.
2. What should have been the action of the Society for Organizing Charity at the various times that they received applications?

**Discussion.**

1. The case was an involved family problem. It was a case needing the supervision and care of a family agency, certainly as long as the children were permitted to remain at home. It was, however, a case of neglect and immorality. The relief question was always negligible. Because of the kind of problem, was it not a Society to Protect Children from Cruelty rather than a Society for Organizing Charity type of case?

2. On the basis of the decision that this was a Society to Protect Children from Cruelty type of problem, was there occasion for the Society for Organizing Charity to go in at any time? Was even an initial visit necessary? Should they not have taken the case up with the Society to Protect Children from Cruelty on all occasions? When the kind of problem is well established, so that an agency knows at once the case is not one requiring their services, is not the best policy an immediate transfer? In a case of this sort, involving two family agencies, when the problem is obviously a Society to Protect Children from Cruelty type, should the Society for Organizing Charity go in until it has been established that the status of the case has changed?

**Decision of the Committee.**

1. This was a family problem of a Society to Protect Children from Cruelty type.

2. The Society for Organizing Charity should not have taken up the case. It should have been transferred to the Society to Protect Children from Cruelty on all occasions.

**CASE 25. SYLVESTER.**

(Current Case at time of discussion.)

**Summary.**

The Society for Organizing Charity knew this family in 1907. Mrs. Sylvester was then married to Mr. Watts who had deserted her. She was in bad health, possibly suffering from incipient tuberculosis. She was a slow sub-normal woman. Her family, who were of a higher type, called her the "black sheep." They were indulgent with her and helped her generously financially. She refused hospital care. In April 1909, the Society for Organizing Charity again knew her. This time she was the

mother of an illegitimate child. The Society for Organizing Charity transferred the case to the Society to Protect Children from Cruelty. Mrs. Watts, as she then was, admitted that she was immoral. In December 1910, the case was again referred to the Society for Organizing Charity, but nothing was done. In June 1913, she appealed to the Society for Organizing Charity for assistance. She was now living with Mr. Sylvester. As far as anyone knew, Mr. Watts was still alive but had never turned up. The two Watts children were living, the illegitimate child was dead and she had one child by Mr. Sylvester. Mr. Sylvester was out of work; it soon became apparent that this was his chronic state. Both agencies worked simultaneously on the case until March, when the Society to Protect Children from Cruelty dropped out. In April 1913, the Society to Protect Children from Cruelty received an application and referred the case to the Society for Organizing Charity. In August 1914, the case was again reported to the Society for Organizing Charity. In September it was transferred by them to the Society to Protect Children from Cruelty. In November 1914, it was again reported to the Society for Organizing Charity. In April 1915, the Society to Protect Children from Cruelty were handling the case. The woman had been living with Mr. Sylvester all this time. He was not supporting the family and although they were not married, a \$6.00 order was made in the Court of Domestic Relations. In December 1917, the case was again reported to the Society for Organizing Charity. Mr. Sylvester was out of work. He had been in the army for a short time but had been returned home as physically unfit. In February 1918, while the Society for Organizing Charity were still active on the case, the Society to Protect Children from Cruelty received a complaint. They removed the children and sent Mrs. Sylvester to a hospital, where she remained two days. The Society for Organizing Charity dropped out knowing of the Society to Protect Children from Cruelty's action. In June 1918, the Society to Protect Children from Cruelty had returned the children, of whom they were legal guardians by court order. There was another baby.

Throughout the history there was inefficiency both on the part of Mr. and Mrs. Sylvester. While with Mr. Sylvester, Mrs. Sylvester apparently led a moral life, but was entirely dependent and utterly incompetent of keeping up a decent home. The children did not receive proper attention and although there had been no deliberate neglect, they had shown every sign of the lack of care. In September 1918, the case was brought before the Intake Committee. At that time Mr. Sylvester was not working and the family were, as they had been at other times, in immediate need.

### Points Brought up for Discussion.

1. Was this a case for the Society for Organizing Charity or the Society to Protect Children from Cruelty?

**Discussion.**

1. Any decision on this case rested on the kind of problem. Was it a Society to Protect Children from Cruelty or a Society for Organizing Charity type of problem? Although Mr. and Mrs. Sylvester were not married, they were living together as husband and wife. It was a problem of an inefficient sub-normal family, below par from every point of view. It was not a problem for two family agencies to handle.

**Decision of the Committee.**

1. There were nine members of the Committee present; three voted that the case should remain with the Society to Protect Children from Cruelty and six that it should be transferred to the Society for Organizing Charity. The final decision was that the case should be transferred to the Society for Organizing Charity. The decision was made for this reason: The Society for Organizing Charity had the original contact. The investigation made by either agency had never been thorough enough to establish definitely to whom the case ought to go. Therefore, on the basis of the first contact of the Society for Organizing Charity, it should remain with them to go on with the case until the status was actually established. The transfer was to be made by a joint visit of the Society for Organizing Charity and the Society to Protect Children from Cruelty visitors. This plan was tentative for one month when the case was again to be brought up before the Committee.

When the case was reported back to the committee a few additional facts were brought to light. Mrs. Sylvester had been examined and pronounced a middle-grade, feeble-minded woman. All but one of the children were sub-normal. There was a question of syphilis. So far Mr. Sylvester had refused all examinations. The Committee decided that the case was to be left with the Society for Organizing Charity and a further report to be made.

A further report was made after another month had expired. There had been a second mental examination. The former diagnosis was confirmed. Mr. Sylvester had written to the Society to Protect Children from Cruelty asking them to place some of the children. He stated that he intended to

leave Mrs. Sylvester. Frank, Mrs. Sylvester's son by Watts, was beginning to steal. At this time the Committee decided to have a re-discussion of the case with a representative of the Juvenile Court present. If no other plan grew out of this conference, the Society for Organizing Charity and the Society to Protect Children from Cruelty were to withdraw, as supervision was accomplishing nothing. This decision was made on the assumption that the case would come up again. There might then be evidence for breaking up the family on grounds of neglect or dependence. Should this happen, the case should be handled by the Society to Protect Children from Cruelty.

A week later the case was brought before a full committee with a representative of the court present. It was decided that the case be transferred back to the Society to Protect Children from Cruelty in order that they might take it into court.

### CONCLUSION.

The foregoing cases have been presented in the same manner as they were brought before the Intake Committee. A study of them reveals certain points reappearing frequently. Many cases presented the same problem from a different angle and the discussions are seen to fall gradually into more definite lines. A conclusion, which in the beginning seemed highly experimental, when found to fit the need of a second or third case, deserved serious consideration. While the Committee realized that all conclusions must for the present be tentative, by the end of the second year's study, it felt justified in forming general conclusions along certain lines that seemed to point the way to a more successful working together.

These general conclusions revolved around points of relationship, adjustment, or function. In some instances it was felt that they could be put into definite form, while in others they merely pointed the way to a need for future study.

Perhaps the most vital issue in this whole question of relationship was that of placing the responsibility for case work. Occasionally agencies talked over plans, but there was rarely any thought of having one agency in charge of the case work. Usually the burden was carried by both agencies, or shared by a third or fourth agency if there chanced to be so many

involved. Treatment was administered independently by each agency, this treatment being limited only by the agencies' conception of its function. Often, as we have seen in such cases as the Delaratta,<sup>1</sup> the agency itself was not clear as to its own limitations and overstepped all arbitrary lines in order to meet an apparent need. When two or more agencies, working simultaneously, each attempted independently to meet the same need, the effect on the family was such as might be expected. This was one phase of the lack of responsibility. Sometimes it took quite another form, when each agency assuming the other to be responsible, let the family go entirely. From the point of view of the family it would be difficult to say which procedure wrought the most harm.

The question of refer and transfer followed naturally this subject of responsibility since it was at the time of refer or transfer that the responsibility for the case work must be determined. Time and method were the main points in all discussions of refer or transfer. The importance of making the refer or transfer at the right moment; that is, as soon as the nature of the problem becomes apparent, and whenever possible, before strong contact has been established, was recognized by the committee. But of primary importance in making a refer or transfer, particularly a transfer, was method. Many refers and transfers failed largely because the contact established by the first agency was broken when a second agency was called in. The carrying over of this contact depended largely on method. The feeling of a family toward a social agency is much like that of a patient toward a physician and unless the transfer is made with the greatest delicacy the bond between the social agency and the family will be broken. The hold on the family will be lost and the receiving agency may find itself face to face with an impenetrable wall. Moreover, unless the transfer is made in such a fashion as to give the receiving agency a full and sympathetic knowledge of the case, the result may be the same, since the receiving agency will not have grasped the need of the family. Summaries played a vital part in method. There had been general failure in the kind of summaries given. Summaries as a whole were meager

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<sup>1</sup> See Part II, Case 7, Page 136.

chronological statements and in no way interpretations of the case record. The receiving agencies could not take up the delicate threads of the case from the material obtained in the summaries furnished them. Their fault lay in accepting a case on the basis of such limited and unenlightening information. Several plans were considered by the committee for overcoming this difficulty. It was felt that in a referred case the referring agency should make a summary which should contain enough information to give the receiving agency an adequate knowledge and understanding of the case. The amount and kind of information should depend somewhat on the relationship of the receiving agency to the case. Their need varied according to whether their contact was to be slight or intensive. The situation was different in a transferred case. There the receiving agency was to assume the entire responsibility and was entitled to all available information and insight. If the transferring agency made the summary this could be given by the worker actually familiar with the case. On the other hand, if the receiving agency made the summary they would obtain exactly such information as would be most helpful to them. The danger in this method lay in inaccuracy as evidenced by the Stevens<sup>1</sup> and Winter cases. This could be avoided, however, if the transferring agency O. K'd. the summary. On this whole matter of summaries on transferred cases no final decision was reached, the Committee feeling the need for more study.

Although summaries were felt to be the most important physical step in method, in a case where the receiving agency was to do intensive work more than a summary was needed. There should be a consultation of the workers of the two agencies and, if the receiving agency did not make the summary in a transferred case, the committee felt that the visitor of that agency should certainly read the transferring agency's record. In addition to this, if the transferring agency had had strong contact, it was desirable that a joint call be made on the family by the visitors from both the transferring and receiving agencies in order that the confidence of the family should not be lost and that they, as well as the agencies, should

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<sup>1</sup> See Part II, Case 2, Page 128, and Case 12, Page 144.



